

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 DEC 14 AM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12052005 REIN-P CR2E098 (6/04)

DOCUMENT # P04000017157		
1. Entity Name MEDASPIRE, INC.		

Principal Place of Business 154 BEACON LANE JUPITER INLET COLONY, FL 33469	Mailing Address 154 BEACON LANE JUPITER INLET COLONY, FL 33469
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2. Principal Place of Business 605 Universe Blvd. Suite, Apt. #, etc. T702	3. Mailing Address 605 Universe Blvd. Suite, Apt. #, etc. T702
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City & State Juno Beach, FL	City & State Juno Beach, FL	4. FEI Number 51-0496829	Applied For Not Applicable
Zip 33408	Country USA	Zip 33408	Country USA

6. Name and Address of Current Registered Agent BISSELL, ANN 154 BEACON LANE JUPITER INLET COLONY, FL 33469		7. Name and Address of New Registered Agent Name BISSELL, ANN Street Address (P.O. Box Number is Not Acceptable) 605 UNIVERSE BLVD. City Juno Beach FL Zip Code 33408	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Ann S. Bissell, President DATE: Dec 9, 05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BISSELL, ANN 154 BEACON LANE JUPITER INLET COLONY, FL 33469 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BISSELL, ANN 605 UNIVERSE BLVD., #T702 Juno Beach, FL 33408 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BISSELL, ANN 154 BEACON LANE JUPITER INLET COLONY, FL 33469 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BISSELL, ANN 605 UNIVERSE BLVD., #T702 Juno Beach, FL 33408 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ann S. Bissell, President DATE: Dec 9, 05 (561) 626-7402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #