2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000021032

SHARON, MA 02067

City-St-Zip:

Entity Name: NAVARRE SLEEP DISORDER GROUP INC.

FILED Oct 23, 2009 Secretary of State

Current Principal Place of Business: 8990 NAVARRE PARKWAY, STE B NAVARRE, FL 32566			New Principal Place	New Principal Place of Business: 2053 FOUNTAIN PROFESSIONAL PLAZA HIGHWAY 98 NAVARRE, FL 32566	
			HIGHWAY 98		
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	VESEND NEC	K RD			
3L BROOKLY	N, NY 11229				
FEI Number	: 20-0676080	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
406 AVENTUR The above in the State	CHT CLUB DR RA, FL 33180	US submits this statement for the ເ	ourpose of changing its registered	d office or registered agent, or both,	
Electronic Signature of Registered Agent			 ent	Date	
luud-u					
Election Car		3(2)(b), F.S., the corporation did no g Trust Fund Contribution(). TORS:	•	S TO OFFICERS AND DIRECTORS:	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIRA OPENHEIM P 10/23/2009