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To:

Division of Corporations

Fax Number : (850)205-0381

Account Name

: YOUR CAPITAL CONNECTION, INC.

Account Number : I20000000257 Phone

: (850)224-8870

Pax Number

: (850)224-7047

FLORIDA PROFIT CORPORATION OR P.A.

PETER REITER, D.C. P.A.

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Department of State 8/2/2004 9:53 PAGE 1/1 RightFAX



June 2, 2004

A 1 A CORPORATE SERVICES, INC.

SUBJECT: CONTACTS, INC. REF: W04000021175

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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Alan Crum Document Specialist New Filings Section FAX Aud. #: H04000116864 Letter Number: 604200037794 H04000117739 3

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be:

PETER REITER D.C. P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Coopercaty FL, 33328 9806 S.W. 575 ST.

PURPOSE

The purpose for which the corporation is organized is:

CHIROPPACTUR - INOSPENOSAT CONTRACTOR

ARTICLE IV

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

REGISTERED AGENT

The name and Florida street address of the registered agent is:

9806 S.W. 57% street. coopercity fl 33328

DR. PETER IAN RESTER

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

DR. PETER IAN REITEL

9806 S.W. 57 St. COOPERCETY FL. 33328

Having show named as refistered afant to accept service of process for the above stated corporation at the place designated in this contificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

H04000117739 3

CAPITAL CONNECTION