

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000133969

Entity Name: THERASTAT INC.

FILED
Sep 29, 2005
Secretary of State

Current Principal Place of Business:

6121 SKYLARKCREST DRIVE
LITHIA, FL 33547

New Principal Place of Business:

3161 IBISPARK DRIVE
LITHIA, FL 33547

Current Mailing Address:

6121 SKYLARKCREST DRIVE
LITHIA, FL 33547

New Mailing Address:

PO BOX 890
LITHIA, FL 33547

FEI Number: 20-1694822

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KILLIAN, ARTHUR
6121 SKYLARKCREST DRIVE
LITHIA, FL 33547 US

Name and Address of New Registered Agent:

KILLIAN, ARTHUR
6131 IBISPARK DRIVE
LITHIA, FL 33547 US

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.

SIGNATURE: ARTHUR KILLIAN

09/29/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: KILLIAN, ARTHUR
Address: 6121 SKYLARKCREST DRIVE
City-St-Zip: LITHIA, FL 33547

Title: SV () Delete
Name: KILLIAN, NANCY
Address: 6121 SKYLARKCREST DRIVE
City-St-Zip: LITHIA, FL 33547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: KILLIAN, ARTHUR
Address: 6131 IBISPARK DRIVE
City-St-Zip: LITHIA, FL 33547

Title: SV (X) Change () Addition
Name: KILLIAN, NANCY
Address: 6131 IBISPARK DRIVE
City-St-Zip: LITHIA, FL 33547

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ARTHUR KILLIAN

PT

09/29/2005

Electronic Signature of Signing Officer or Director

Date