PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 07 SEP 25 PM 1: 05
DOCUMENT # PO 4 000 165 20   1. Corporation Name		PALL ATTASSEE, FLORIDA
Cardioflex Therapy, Inc.		
2. Principal Office Address - No P.O. Box # 9131 Sw 22 Ct.	3. Mailing Office Address 9131 SW 22 Ct.	REINSTATEMENT 06-67
Suite, Apt. #, etc.  ## C	Suite, Apt. #, etc.	4. Date Incorporated or Qualified
City & State	City & State	To Do Business in Florida 1105  5. FEI Number Applied For
Davie, FL	Davie, FL	5. FEI Number Applied For Not Applicable
33324 USA	33324 Country USA	CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name Terry D. Abrams		The reinstatement fee is imposed, except in
Street Address (D/O. Box Number is Not Acceptable)		circumstances which the entity did not receive the prior notices. By checking this box, you
9131 SW 22-C4. Suite, Apt. #, Etc.		are certifying the prior notices were not received and requesting the reinstatement
#C City Davie FL State State FL 33324		fee be waived.
8. i, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.		
Signature of Registered Agent Very Date 9/20/07  REGISTERED AGENT MUST SIGN		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		
Titles Name of Street Address of Each Officers and/or Directors Officer and/or Director		
All Terry D. Abrams 9/31 Sw22 c+ #c Davig FL 33324		
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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.		
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #		