# 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P05000013487

Entity Name: PHS US INVESTMENT INC.

**FILED** Oct 11, 2006 Secretary of State

Current Principal Place of Business: New	Principal Place of Business:
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117 KEARNEY LAKE ROAD 117 KEARNEY LAKE ROAD SUITE 11, HALIFAX

SUITE 11, HALIFAX NOVA SCOTIA CANADA B3M 4N9. NOVA SCOTIA CANADA B3M 4N9, OC XXXXXXXXX OC

**Current Mailing Address:** New Mailing Address:

117 KEARNEY LAKE ROAD 4001 TAMIAMI TRAIL NORTH SUITE 11, HALIFAX SUITE 250 NOVA SCOTIA CANADA B3M 4N9, NAPLES, FL 34103 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

#### Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

IACONO, PETER J MCMACKIN, III, F. JOSEPH 4001 TAMIAMI TRAIL NORTH 4001 TAMIAMI TRAIL NORTH SUITE 250 SUITE 250 NAPLES, FL 34103 US NAPLES, FL 34103 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: F. JOSEPH MCMACKIN, III 10/11/2006

> Electronic Signature of Registered Agent Date

> > Title:

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:**

( ) Delete

Title:

### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

( ) Change (X) Addition SQUIRES, W. GLENN Name: Name: 117 KEARNEY LAKE ROAD, SUITE 11, HALIFAX Address: Address: City-St-Zip: City-St-Zip: NOVA SCOTIA CANADA, OC B3M 4N9 OC ( ) Delete Title: Title: **DVPS** ( ) Change (X) Addition Name: Name: GOOD, EDWARD 117 KEARNEY LAKE ROAD, SUITE 11, HALIFAX Address Address: NOVA SCOTIA CANADA, OC B3M 4N9 OC City-St-Zip: City-St-Zip: ( ) Change (X) Addition Title: Title: () Delete DVPT Name: AQUILINI, ROBERTO Name: 117 KEARNEY LAKE ROAD, SUITE 11, HALIFAX Address Address: City-St-Zip: City-St-Zip: NOVA SCOTIA CANADA, OC B3M 4N9 OC

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: W. GLENN SQUIRES 10/11/2006 D