2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000011425

Entity Name: FINLAY MEDICAL CLINICS INC

FILED Jan 21, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4355 WEST 16 AVE 212 HIALEAH, FL 33012

Current Mailing Address: New Mailing Address:

955 SW 2 AVE 908 1501 MIAMI, 33130 MIAMI, FL 33130

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

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

DOMINGUEZ, ELIO P SR 955 SW 2 AVE 908 MIAMI, FL 33130 US DOMINGUEZ, ELIO P SR 955 SW 2 AVE 1501 MIAMI, FL 33130 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: ELIO P DOMINGUEZ 01/21/2008

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:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition
Name: DOMINGUEZ, ELIO P SR
Address: 4355 WEST 16 AVE SUITE 212 Address: 955 SW 2 AVE 1501

4355 WEST 16 AVE SUITE 212 Address: 955 SW 2 AVE 1501 HIALEAH, FL 33012 US City-St-Zip: MIAMI, FL 33130 US

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: ELIO P DOMINGUEZ P 01/21/2008