

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P06000048581</b> 1. Entity Name <b>PRO-AKTIV MEDICAL GROUP, INC.</b>				<b>FILED</b>  <b>08 MAY 16 PM 1:17</b>  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>8280 CLEARLY BLVD., SUITE 2808 PLANTATION, FL 33324</b>		Mailing Address <b>8280 CLEARLY BLVD., SUITE 2808 PLANTATION, FL 33324</b>			
2. Principal Place of Business - No P.O. Box # <b>1375 Gateway Blvd.</b>		3. Mailing Address <b>2234 Balsan Way</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Boynton Beach, Florida</b>		City & State <b>Wellington, Florida</b>		4. FEI Number <b>20-4631038</b>	
Zip <b>33426</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>		
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD <b>GEOHAGEN, SEAN K</b> <input type="checkbox"/> Delete <b>8280 CLEARLY BLVD., SUITE 2808</b> <b>PLANTATION, FL 33324</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Vice-President / Treasurer 30%-owner</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Sean Geohagen</b> <b>2234 Balsan Way</b> <b>Wellington, FL 33414</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS <input checked="" type="checkbox"/> Delete <b>JOSEPH, JESSICA</b> <b>8280 CLEARLY BLVD., SUITE 2808</b> <b>PLANTATION, FL 33324</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President - 70%-owner</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>John Gloosbey</b> <b>3645 Copper Field Drive, #311</b> <b>San Jose, CA 95136</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete 		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Daryl Speaks</b> <b>P.O. Box 983</b> <b>Stuart, FL 34994</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete 		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete 		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete 		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <i>Sean Geohagen</i> <b>SEAN GEOHAGEN</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>5/14/08</b> <b>(561) 506-2966</b> <small>Date Daytime Phone #</small>		

REINSTATEMENT

RH

508