2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED **DOCUMENT # P06000134358** 07 OCT 29 PH 1: 25 COAST PAIN RELIEF CENTER / DARWIN SQUARE, INC. probablish Of STATE FALL AHASSEE, FLORIDA Mailing Address Principal Place of Business 3233 S.W. PORT ST. LUCIE BLVD 3233 S.W. PORT ST. LUCIE BLVD PORT SAINT LUCIE, FL 34953 PORT SAINT LUCIE, FL 34953 3. Mailing Address 2. Principal Place of Business - No P.O. Box # FEINSTATEMENTE098 (1/07© Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 20-5760593 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating DATE FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2008, Fee will be \$300.00 corporation did not receive the prior notice ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Delete TITLE Change Addition TITLE FAULHABER, JAMES NAME NAME 3233 S.W. PORT ST. LUCIE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT SAINT LUCIE, FL 34953 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 100111463611 10/29/07--01087--022 CITY-ST-ZIP CITY-ST-ZIP **150.00 TITLE ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREE1 ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. Thereby 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.

JAMEL FAULHABER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

10/1/07