2008 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT							- Can	
DOCUMENT # P07000010083						i ilə		
PIONEER MEDICAL THERAPEUTICS INC					08 DEC PH 3: 50			
The state of the s					CECRETALM OF SYME MLANASSEE, FLORWA			
Principal Place of Busines	Mailing Address			TILAMASSEE, FLORIUA				
2829 INDIAN CREEK DRIVE # 1409		2829 INDIAN CREEK DRIVE # 1409						
MIAMI BEACH, FL 33140		MIAMI BEACH, FL 33140				# BENJABEN TUM BONA BO		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2827 Indian Creek Pr.						
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 14 09			10292008	REIN-P	CR2E098 (1/07	7)
City & State		City & State Miami Beach		FL	4. FEI Numb	208423	9	Applied For Not Applicable
Zip •	Country	33140	Coun	A A	5. Certificate	of Status Desired	\$8.75 A Fee Requ	
6. Name	egistered Agent		Name	7. Name and Address of New Registered Agent				
SHAYGAN, ALI P 2829 INDIAN CREE				P.O. Box Number is Not Acceptable)				
1409 MIAMI BEACH, FL								
i			City	FL Zip Code				
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 a								th, and accept
the obligations of registred agent.								
SIGNATURE Signature, tyled or priviled fine of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE & \$750.00 After January 1, 2009, Fee will be \$900.00								
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO OFF	FICERS AND DIRECTO	ORS IN 11
TITLE P	N. ALI	☐ Defete	TITL	· •		001000	Chang コレコココマ	e 🔲 Addition
NAME SHAYGAN, ALI STREET ADDRESS 2829 INDIAN CREEK # 1409 CITY-ST-ZIP MIAMI BEACH, FL 33140			STRE		500138956645 12/11/0801025014 **758.75		38.75	
TITLE		Oelete	/ 1				☐ Chang	e 🔲 Addition
NAME Street Address		NAM STR		re Eet address				
CITY-ST-ZIP				/-ST-ZIP				
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SIREET ADDRESS	/-	- -		FET ADDRESS		-/ -		
TITLE NAME		☐ Delete	TITL			/	☐ Chang	e 🔲 Addition
STREET ADDRESS				EET ADDRESS	/			
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TITLE NAME		☐ Delete	TITL		/		☐ Chang	e 🔲 Addition
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP				r-ST-ZIP			 	
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 atta@merf with an address, with all other like empowered.								
SIGNATURE: MANUE IN TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Delia Daylumo Phone #								
17/11_								