2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000112414

Entity Name: THE ARTS OF PAIN CONTROL, INC.

FILED Oct 28, 2009 Secretary of State

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

235 S. 21 AVE. 2119 HOLLYWOOD BLVD HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020

Current Mailing Address: New Mailing Address:

235 S. 21 AVE 2119 HOLLYWOOD BLVD HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020

FEI Number: 26-1839001 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

KIJNER, HERRY KIJNER, HERRY 235 S. 21 AVE. 2119 HÖLLYWOOD BLVD HOLLYWOOD, FL 33020 US HOLLYWOOD, FL 33020 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: HERRY KJNER 10/28/2009

> 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition Title: () Delete Title:

KIJNER, HERRY KIJNER, HERRY Name: Name:

235 S. 21 AVE. Address: 2119 HOLLYWOOD BLVD Address: City-St-Zip: HOLLYWOOD, FL 33020 City-St-Zip: HOLLYWOOD, FL 33020

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: HERRY KJNER **PRES** 10/28/2009