

**2010 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Apr 27, 2010  
Secretary of State**

DOCUMENT# P07000114621

Entity Name: HEAVEN MEDICAL INC.

**Current Principal Place of Business:**

6067 HOLLYWOOD BLVD SUITE 301  
HOLLYWOOD, FL 33024

**New Principal Place of Business:**

6067 HOLLYWOOD BLVD  
SUITE 301  
HOLLYWOOD, FL 33024

**Current Mailing Address:**

6067 HOLLYWOOD BLVD SUITE 301  
HOLLYWOOD, FL 33024

**New Mailing Address:**

6067 HOLLYWOOD BLVD  
SUITE 301  
HOLLYWOOD, FL 33024

FEI Number: 26-1166163

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AUSTIN, JOYCE R  
20160 NE 3 COURT  
U-8  
MIAMI, FL 33179 US

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

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: JOYCE R AUSTIN

\_\_\_\_\_  
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:**

Title: D  
Name: AUSTIN, JOYCE R ADMIN  
Address: 20160 NE 3 COURT  
City-St-Zip: MIAMI, FL 33179

I hereby 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 all other like empowered.

SIGNATURE: JOYCE R AUSTIN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

D

04/27/2010

\_\_\_\_\_  
Date