

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000069688

**FILED**  
**Oct 06, 2010**  
**Secretary of State**

**Entity Name:** CARDIAC INNOVATIVE SOLUTIONS INC

**Current Principal Place of Business:**

1265 WILDWOOD LAKES BLVD  
104  
NAPLES, FL 34104

**New Principal Place of Business:**

2049 23RD ST SW  
NAPLES, FL 34117

**Current Mailing Address:**

1265 WILDWOOD LAKES BLVD  
104  
NAPLES, FL 34104

**New Mailing Address:**

2049 23RD ST SW  
NAPLES, FL 34117

**FEI Number:** 27-0780893

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEVEILLE, NATHANAEL  
1265 WILDWOOD LAKES BLVD  
104  
NAPLES, FL 34104 US

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

LEVEILLE, NATHANAEL  
2049 23RD ST SW  
NAPLES, FL 34117 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: NATHANAEL LEVEILLE

10/06/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LEVEILLE, NATHANAEL  
Address: 2049 23RD ST SW  
City-St-Zip: NAPLES, FL 34117

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: NATHANAEL LEVEILLE

PR

10/06/2010

Electronic Signature of Signing Officer or Director

Date