

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000042811

Entity Name: GERMEIL MEDICAL, INC.

**FILED**  
**Oct 21, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

18151 NE 31ST COURT APT #806  
AVENTURA, FL 33160

**New Principal Place of Business:**

951 NE 167 STREET  
SUITE 234  
NORTH MIAMI BEACH, FL 33162 UN

**Current Mailing Address:**

18151 NE 31ST COURT APT #806  
AVENTURA, FL 33160

**New Mailing Address:**

951 NE 167 STREET  
SUITE 234  
NORTH MIAMI BEACH, FL 33162 US

FEI Number: 45-3053382

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

FOUREAU, JEAN-RENE  
18151 NE 31ST COURT APT #806  
AVENTURA, FL 33160 US

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

FOUREAU, JEAN-RENE  
951 NE 167 STREET  
SUITE 234  
NORTH MIAMI BEACH, FL 33162 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: FOUREAU JEAN-RENE

10/21/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPV  
Name: GERMEIL, JEANNE E  
Address: 951 NE 167 STREET SUITE 234  
City-St-Zip: NORTH MIAMI BEACH, FL 33162 UN

Title: ST  
Name: GERMEIL, JEANNE E  
Address: 951 NE 167 STREET SUITE 234  
City-St-Zip: NORTH MIAMI BEACH, FL 33162 UN

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: GERMEIL JEANNE E

DPV

10/21/2012

Electronic Signature of Signing Officer or Director

Date