


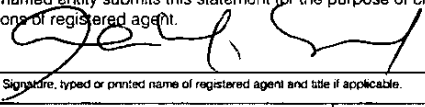
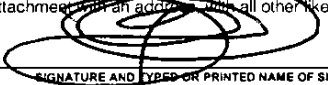
**2006 FOR PROFIT CORPORATION  
REINSTATEMENT**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 NOV 20 PM 5:16

REINSTATEMENT 06



DOCUMENT # P98000054386			
1. Entity Name CHOP INNOVATIONS, INC.			
Principal Place of Business 8905 SW 87TH AVE, STE 220 MIAMI, FL 33176		Mailing Address 8905 SW 87TH AVE, STE 220 MIAMI, FL 33176	
2. Principal Place of Business 8905 SW 87 Avenue		3. Mailing Address 8905 SW 87 Avenue	
Suite, Apt. #, etc. Suite 102		Suite, Apt. #, etc. Suite 102	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33176		USA	
10192006 REIN-P CR2E098 (11/05)		4. FEI Number 65-0843825	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSEN, MICHAEL A ESG 800 BRICKELL AVENUE SUITE 1270 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name AMKE Registered Agents, LLC Street Address (P.O. Box Number is Not Acceptable) One S.E. Third Avenue, Suite 2250 City Miami, FL Zip Code 33131	
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 accept the obligations of registered agent.			
SIGNATURE 		DATE 11/6/06	
SIGNATURE, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ORBAY, JORGE L M.D. 8905 SW 87TH AVE, STE 100 MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ORBAY, JORGE L. 8905 SW 87 AVE., SUITE 102 MIAMI, FL 33176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HERNANDEZ, ERNESTO 8905 SW 87TH AVE, STE 100 MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HERNANDEZ, ERNESTO 8905 SW 87 AVE., SUITE 102 MIAMI, FL 33176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CASTANEDA, JAVIER E 8905 SW 87TH AVE, STE 100 MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CASTANEDA, JAVIER E 8905 SW 87 AVE., SUITE 102 MIAMI, FL 33176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 attachment with an address, or all other like empowered.			
SIGNATURE: 		DATE 11/6/06 305-3725928	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	