

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000076221

Entity Name: IHL CUSTOM STERILE, INC.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

11877 DOUGLAS ROAD
SUITE 102-141
ALPHARETTA, GA 30005

New Principal Place of Business:

570 GRAND DR
CLEVELAND, TN 37312

Current Mailing Address:

11877 DOUGLAS ROAD
SUITE 102-141
ALPHARETTA, GA 30005

New Mailing Address:

570 GRAND DR
CLEVELAND, TN 37312

FEI Number: 65-1001579

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HAMILTON, BRENDA MS.
101 PLAZA REAL SOUTH
SUITE 201
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

JOE, SMITH MR.
1200 GULF BLVD
APT402
CLEARWATER, FL 33767 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: JOE SMTIH

04/28/2009

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:

Title: SPTD () Delete
Name: TARTER, KURT
Address: 11877 DOUGLAS ROAD, SUITE 102-141
City-St-Zip: ALPHARETTA, GA 30005

Title: D (X) Delete
Name: ALLGAIER, RANDY
Address: 5050 WILD GINGER COVE
City-St-Zip: NORCROSS, GA 30092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SPTD (X) Change () Addition
Name: JOE, SMITH
Address: 570 GRAND DR
City-St-Zip: CLEVELAND, TN 37312

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOE SMITH

SPTD

04/28/2009

Electronic Signature of Signing Officer or Director

Date