


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000081321 1. Entity Name SENSIBLE HEALTHCARE PRODUCTS, INC.						FILED 07 APR 17 PM 3:04 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 5645 TERRAIN DEGOLF DR. LUTZ, FL 33558				Mailing Address 5645 TERRAIN DEGOLF DR. LUTZ, FL 33558			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent LOW, LEA-KWAN 5645 TERRAIN DEGOLF DR. LUTZ, FL 33558				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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: <u><i>Lea Kwan Low</i></u> LEA-KWAN LOW 4-1-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$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	VD LOW, CHIN-GUAN <input checked="" type="checkbox"/> Delete 5645 TERRAIN DEGOLF DR. LUTZ, FL 33558			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOW, LEA-KWAN <input type="checkbox"/> Delete 5645 TERRAIN DEGOLF DR. LUTZ, FL 33558			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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, with all other like empowered.							
SIGNATURE: <u><i>Low Lea Kwan</i></u> LEA-KWAN LOW 4-1-07 863-226-4398				SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			