

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# V30869

**FILED**  
**Sep 30, 2011**  
**Secretary of State**

**Entity Name:** MAVEN MEDICAL MANUFACTURING, INC.

**Current Principal Place of Business:**

2250 LAKE AVE S.E.  
LARGO, FL 33771 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 909  
INDIAN ROCKS BEACH, FL 337850909 US

**New Mailing Address:**

**FEI Number:** 59-3117782      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

MILLER, VICTORIA V  
2250 LAKE AVE S.E.  
LARGO, FL 33771 US

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

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:** VICTORIA MILLER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PT  
**Name:** VAUGHAN, ERIC  
**Address:** 2250 LAKE AVE SE  
**City-St-Zip:** LARGO, FL

**Title:** VP  
**Name:** MILLER, VICTORIA  
**Address:** 2250 LAKE AVE SE  
**City-St-Zip:** LARGO, FL 33771

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:** VICTORIA V MILLER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

VP

09/30/2011

\_\_\_\_\_  
Date