

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# V61271

Entity Name: J. V. THECNO-SURGICAL, INC.

FILED
Dec 03, 2005
Secretary of State

Current Principal Place of Business:

1456 RIDGE TOP WAY
CLEARWATER, FL 33765 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5061
CLEARWATER, FL 33758 US

New Mailing Address:

FEI Number: 59-3143771

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALLETTE, JULIO D.
1456 RIDGE TOP WAY
CLEARWATER, FL 34625 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: JULIO D. VALLETTE

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: DP () Delete
Name: VALLETTE, JULIO D.,
Address: 1456 RIDGE TOP WAY
City-St-Zip: CLEARWATER, FL

Title: DC () Delete
Name: VALLETTE, GLORIA M.,
Address: 1456 RIDGE TOP WAY
City-St-Zip: CLEARWATER, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VALLETTE, JULIO D.,
Address: 1456 RIDGE TOP WAY
City-St-Zip: CLEARWATER, FL 33765

Title: DC (X) Change () Addition
Name: VALLETTE, GLORIA M.,
Address: 1456 RIDGE TOP WAY
City-St-Zip: CLEARWATER, FL 33765

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JULIO D. VALLETTE

Electronic Signature of Signing Officer or Director

P

12/03/2005

Date