

2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 14, 2009
Secretary of State

DOCUMENT# F08000001123

Entity Name: ACCUBRACE, INC.

Current Principal Place of Business:

15172 GOLDENWEST CIRCLE
WESTMINISTER, CA 92683

New Principal Place of Business:

6904 PARK EAST BLVD
TAMPA, FL 33610

Current Mailing Address:

15172 GOLDENWEST CIRCLE
WESTMINISTER, CA 92683

New Mailing Address:

FEI Number: 68-0673418 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: CORPORATION SERVICE COMPANY

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: D () Delete
Name: STONE, MICHAEL R
Address: 15172 GOLDENWEST CIRCLE
City-St-Zip: WESTMINISTER, CA 92683

Title: D () Delete
Name: LANGFORD, RANSOM A
Address: 15172 GOLDENWEST CIRCLE
City-St-Zip: WESTMINISTER, CA 92683

Title: D () Delete
Name: CHARTENER, ROBERT
Address: 15172 GOLDENWEST CIRCLE
City-St-Zip: WESTMINISTER, CA 92683

Title: DCEO () Delete
Name: CHURCH, JEFFREY D
Address: 15172 GOLDENWEST CIRCLE
City-St-Zip: WESTMINISTER, CA 92683

Title: P () Delete
Name: STANNARD, BRADLEY J
Address: 15172 GOLDENWEST CIRCLE
City-St-Zip: WESTMINISTER, CA 92683

Title: CFOS () Delete
Name: WALLER, GREGORY
Address: 15172 GOLDENWEST CIRCLE
City-St-Zip: WESTMINISTER, CA 92683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: GREGORY WALLER

Electronic Signature of Signing Officer or Director

CFOS

10/14/2009

Date