

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6384

From: Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1575

CORPORATION REINSTATEMENT

MEDICAL DEVICE TECHNOLOGIES, INC.

Certificate of Status	0
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**2008 FOR PROFIT CORPORATION REINSTATEMENT**

2009 FEB -H090000264113

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P30875</b>			
1. Entity Name <b>MEDICAL DEVICE TECHNOLOGIES, INC.</b>			
Principal Place of Business 3600 SW 47TH AVE GAINESVILLE, FL 32608		Mailing Address 3600 SW 47TH AVE GAINESVILLE, FL 32608	
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
4. FEI Number <b>38-3723998</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		58.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> After January 1, 2009, Fee will be \$300.00		In accordance with s. 807.193(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	<b>BYD BAILEY, THOMAS K 101 N BEND WAY STE 201 NORTH BEND, WA 98045</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD PHINNEY, DAVID 101 N BEND WAY STE 201 NORTH BEND, WA 98045</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____		Date: <b>1/29/09</b> <b>425-831-4408</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	



10272008 REIN-P CR2ED88 (1/07)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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**FILED**

**REINSTATEMENT**  
**08-09**