## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P00000070485

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Entity Name: CELLUTION MEDICAL HOLDINGS, INC.

1100 WEST COMMERCIAL BLVD

(X) Delete

1100 WEST COMMERCIAL BLVD

FT LAUDERDALE, FL 33309

FT LAUDERDALE, FL 33309

FERGUSON, ROBERT

FILED Jan 31, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
1355WEST PALMETTO PARK ROAD SUITE 104 BOCA RATON, FL 33486				1355 WEST PALMETTO PARK ROAD SUITE 104 BOCA RATON, FL 33486		
Current Mailing Address:				New Mailing Address:		
1355WEST PALMETTO PARK ROAD SUITE 104 BOCA RATON, FL 33486				1355 WEST PALMETTO PARK ROAD SUITE 104 BOCA RATON, FL 33486		
FEI Number:	65-1026752	FEI Number Applied For ( )	FEI Nur	nber Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
ABUSCH, SIDNEY 1355 W PALMETTO PARK RD, SUITE 104 BOCA RATON, FL 33486 US				ABUSCH, SIDNEY 1355 WEST PALMETTO PARK ROAD SUITE 104 BOCA RATON, FL 33486 US		
The above in the State		submits this statement for the p	purpose c	of changing its registered	office or registered agent, or both,	
SIGNATURE: SIDNEY ABUSCH				01/31/2006		
Electronic Signature of Registered Agent				Date		
Election Carr	npaign Financing	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	ABUSCH, SIDN	ETTO PARK RD, SUITE 104		Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name:	D (X)	) Delete RGE		Title: (	) Change ( ) Addition	

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SIDNEY ABUSCH D 01/31/2006

() Change () Addition