

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000005875						FILED 06 FEB -9 PM 2:59 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name MKS SOLUTIONS, INC.							
Principal Place of Business 2300 DRYBURGH CT ORLANDO, FL 32828				Mailing Address 2300 DRYBURGH CT ORLANDO, FL 32828			
2. Principal Place of Business 2901 FLOWERTREE ROAD		3. Mailing Address 2901 FLOWERTREE ROAD					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State ORLANDO FL		City & State ORLANDO FL		4. FEI Number 59-3704849		Applied For <input type="checkbox"/> Not Applicable	
Zip 32812-4813		Country ORANGE		Zip 32812-4813		Country ORANGE	
6. Name and Address of Current Registered Agent STARK, MICHAEL K 2300 DRYBURGH CT ORLANDO, FL 32828-7951				7. Name and Address of New Registered Agent Name STARK, MICHAEL K. Street Address (P.O. Box Number is Not Acceptable) 2901 FLOWERTREE ROAD City ORLANDO FL Zip Code 32812-4813			
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 MICHAEL K. STARK x 				DATE 2/2/06			
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)				DATE			
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(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	PS STARK, MICHAEL K 2300 DRYBURGH CT. ORLANDO, FL 328287951 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2901 FLOWERTREE ROAD ORLANDO, FL. 32812-4813		
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 700065817747 02/14/06--01016--024 **300.00		
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		
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		
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		
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: MICHAEL K. STARK x 				DATE 2/2/06 407-340-5363			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			