

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN 29 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

PO1000087804

1. Corporation Name

Medical Solutions, Inc.

500087497285
02/06/07--01041--019 **900.00

2. Principal Office Address - No P.O. Box #

257 SE 17th St

Suite, Apt. #, etc.

382

City & State

Fort Lauderdale

Zip

33316

Country

U.S.A

3. Mailing Office Address

257 SE 17th St

Suite, Apt. #, etc.

382

City & State

FL Lauderdale, FL

Zip

33316

Country

U.S.A

REINSTATEMENT

02-07

4. Date Incorporated or Qualified To Do Business in Florida

2000

5. FEI Number

65-1127392

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Keith Ball

Street Address (P.O. Box Number is Not Acceptable)

257 SE 17th St

Suite, Apt. #, Etc.

382

City

Fort Lauderdale

State

FL

Zip Code

33316

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 2/5/07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	Keith Ball	257 SE 17th St #382	Fort Lauderdale, FL 33316

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

Date

2/5/07 (1954)

Daytime Phone #

K. Eckel JAN 31 2007