2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000009223

Entity Name: MSK CENTER, INC.

FILED Feb 28, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

701 THREE ISLAND BLVD BLDG 3 SUITE 519 600 PARK VIEW DR 331

HALLANDALE, FL 33009

HALLANDALE, FL 33009

Current Mailing Address: New Mailing Address:

701 THREE ISLAND BLVD BLDG 3 SUITE 519 600 PARK VIEW DR

HALLANDALE, FL 33009

HALLANDALE, FL 33009

FEI Number: 73-1630888 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LOBO, ALBERTO LOBO, ALBERTO 600 PARK VIEW DR 701 THREE ISLAND BLVD BLDG 3 SUITE 519

HALLANDALE, FL 33009 HALLANDALE, FL 33009 US

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: ALBERTO LOBO 02/28/2006

> 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

LOBO, ALBERTO LOBO, ALBERTO Name: Name: 701 THREE ISLAND BLVD BLDG 3 SUITE 519 Address: 600 PARK VIEW DR Address: City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: HALLANDALE, FL 33009

Title: (X) Delete Title: () Change () Addition

KARPICIUS, MARCELS SANDRA Name: Name: 701 THREE ISLAND BLVD BLDG 3 SUITE 519 Address: Address: HALLANDALE, FL 33009 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 Statutés. 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: ALBERTO LOBO PD 02/28/2006