

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN -4 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000048288

1. Corporation Name

MEDICAL SALES & CONSULTING, INC.

2. Principal Office Address

5895 PINEBROOK DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

Country

33433

PALM BEACH

4. Date Incorporated or Qualified
To Do Business in Florida

5/2/02

5. FEI Number

73-1642164

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

SUSAN SKOLNICK

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

5895 PINEBROOK DRIVE

Suite, Apt. #, Etc.

300037667033
06/04/04--01035--031 **908.75

City

BOCA RATON

State

FL

Zip Code

33433

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

Susan Skolnick
REGISTERED AGENT MUST SIGN

Date 5-4-04

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
VICE PRES.	SUSAN SKOLNICK	5895 PINEBROOK DRIVE	BOCA RATON, FL 33433
PRES.	Glenn Skolnick	5895 Pinebrook Drive	Boca Raton, FL 33433

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 under section 119.07(3)(i), 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:

Susan Skolnick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-4-04

Daytime Phone #

(561)

955-9385