PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1246

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 OCT 23 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000048288

1. Corporation Name

MEDICAL SALES & CONSULTING, INC.

REINSTATEMENT 07-08

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
19084 SKYRIDGE CIRCLE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
BOCA RATON	
ZIP / Country	ZIP / Country
33496 / PALM BEACH	

4. Date Incorporated or Qualified To Do Business in Florida: 05/02/2002

5. FEI Number: 73-1642164 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X]

7. Name and Address of Current Registered Agent

Name: SUSAN SKOLNIK

Street Address (P.O. Box Number is Not Acceptable): 19084 SKYRIDGE CIRCLE

Suite, Apt. #, Etc.:

City: BOCA RATON | State: FL | ZIP Code: 33496

[✓] 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: X Susan Skolnik Date: 10/13/08
REGISTERED AGENT MUST SIGN

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
VP	SUSAN SKOLNIK	19084 SKYRIDGE CIRCLE	BOCA RATON, FL 33496
PRES	GLENN SKOLNIK	19084 SKYRIDGE CIRCLE	BOCA RATON, FL 33496

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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: X Susan Skolnik 10/13/08 561-451-1421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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JC 10/23