
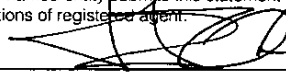
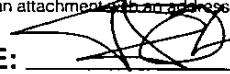


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000027678 1. Entity Name MEDICAL SALES AND SOLUTIONS, INC.						FILED 06 MAY 15 PM 3:27 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business 2461 NORTH CORAL TRACE CIRCLE DELRAY BEACH, FL 33445				Mailing Address 2461 NORTH CORAL TRACE CIRCLE DELRAY BEACH, FL 33445				
2. Principal Place of Business 1003 SW SQUIRE JOHNS LANE Suite, Apt. #, etc.				3. Mailing Address SAME Suite, Apt. #, etc.				
City & State PALM CITY, FL				City & State				
Zip 34990		Country MARTIN		Zip		Country		
6. Name and Address of Current Registered Agent OLDENBOOM, JAN 2461 NORTH CORAL TRACE CIRCLE DELRAY BEACH, FL 33445				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> JAN OLDENBOOM, PRESIDENT </div> <div style="width: 30%; text-align: right;"> 5.10.06 <small>DATE</small> </div> </div>								
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 DO NAME OLDENBOOM, JAN STREET ADDRESS 2461 NORTH CORAL TRACE CIRCLE CITY-ST-ZIP DELRAY BEACH, FL 33445				TITLE DO NAME OLDENBOOM, JAN STREET ADDRESS 1003 SW SQUIRE JOHNS LANE CITY-ST-ZIP PALM CITY, FL 34990				
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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 to an address, with all other like empowered.								
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				JAN OLDENBOOM				5.10.06 <small>Date</small>
				<small>Daytime Phone #</small>				