2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 28, 2006
Secretary of State

DOCUMENT# P05000016026

Entity Name: MOLD MEDIC SERVICES INC.

Current Principal Place of Business:

3675 N. COUNTRY CLUB DRIVE #308
AVENTURA, FL 33180

New Principal Place of Business:

9A SE 11TH AVE
POMPANO BEACH, FL 33060

Current Mailing Address:

3675 N. COUNTRY CLUB DRIVE #308
AVENTURA, FL 33180

New Mailing Address:

9A SE 11TH AVE
POMPANO BEACH, FL 33060

FEI Number: 11-3742560 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUTBUL, MEIR Y
3675 N. COUNTRY CLUB DRIVE #308
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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: MEIR Y BUTBUL
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:

Title: P/D ( ) Delete
Name: BUTBUL, MEIR Y
Address: 3675 N. COUNTRY CLUB DRIVE #308
City-St-Zip: AVENTURA, FL 33180

Title: VP/D ( ) Delete
Name: BENZAKEN, SHMUEL
Address: 7883 NW 60 LANE
City-St-Zip: PARK LAND, FL 33067

Title: T ( ) Delete
Name: BUTBUL, MEIR . Y
Address: 3675 N. COUNTRY CLUB DRIVE #308
City-St-Zip: AVENTURA, FL 33180

Title: S ( ) Delete
Name: BENZAKEN, SHMUEL
Address: 7883 NW 60 LANE
City-St-Zip: PARK LAND, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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 Statutes. 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: MEIR Y BUTBUL PRE 09/28/2006
Electronic Signature of Signing Officer or Director Date