2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000155351

4553 N OCEAN DR

LAUDERDALE BY THE SEA, FL 33024

Address: City-St-Zip:

Entity Name: MDS MANAGEMENT CORP.

FILED Mar 19, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4553 N OCEAN DR 4553 N OCEAN DR LAUDERDALE BY THE SEA, FL 33024 LAUDERDALE BY THE SEA, FL 33308 **Current Mailing Address: New Mailing Address:** 4553 N OCEAN DR 4553 N OCEAN DR LAUDERDALE BY THE SEA, FL 33308 LAUDERDALE BY THE SEA, FL 33024 FEI Number: 59-2228661 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: CHANDRA, PUSHPA CHANDRA, PUSHPA 4553 N OCÉAN DR 4553 N OCÉAN DR LAUDERDALE BY THE SEA, FL 33024 US LAUDERDALE BY THE SEA, FL 33308 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: ASHOK DALAL 03/19/2008 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 () Change () Addition CHANDRA, PUSHPA Name: Name: 4553 N OCEAN DR Address: Address: City-St-Zip: LAUDERDALE BY THE SEA, FL 33024 City-St-Zip: Title: VΡ Title: () Change () Addition () Delete CHANDRA, MAHESH Name: Name: 4553 N OCEAN DR Address: Address: LAUDERDALE BY THE SEA, FL 33024 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition CHANDRA, SAPNA Name: Name:

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: PUSHPACHANDRA PRES 03/19/2008