2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000043989

FILED Oct 05, 2006 Secretary of State

| Entity Name: MEDTEXX PARTNERS, INC. | | | | | | | | |
|---|--|--|--|-----------|--|--|-------------------------|---------------|
| Current Principal Place of Business: | | | | | New Principal Place of Business: | | | |
| 216 CHARI HACKENS | LES ST ACK, NJ 076 | 01 | | | | | | |
| Current Mailing Address: | | | | | New Mailing Address: | | | |
| 216 CHARI HACKENS | LES ST ACK, NJ 076 | 01 | | | | | | |
| FEI Number: | 65-0673509 | FEI Number A | pplied For() | FEI Nun | nber Not App | licable () | Certificate of Status D | esired (X) |
| Name and Address of Current Registered Agent: | | | | | Name and Address of New Registered Agent: | | | |
| MARIANI, JOHN F ESQ. 1400 CENTREPARK BLVD. SUITE 1000 WEST PALM BEACH, FL 33401 US | | | | | BUSINESS FILING INCORPERATED 1203 GOVERNER SQUARE BLVD SUITE 101 TALLAHASSEE, FL 32301 US | | | |
| The above in the State | | submits this sta | atement for the pu | urpose o | f changing i | ts registered | office or registered ag | ent, or both, |
| SIGNATURE: BUSINESS FILING INCORPERATED | | | | | 10/05/2006 | | | |
| Electronic Signature of Registered Agent | | | | | Date | | | |
| | | 3(2)(b), F.S., the g Trust Fund Cor | corporation did not atribution (). | receive t | ne prior notic | e. | | |
| OFFICERS AND DIRECTORS: | | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | LAW, CHEING PO BOX 9 |) Delete K ∕/ALAYSIA, 34600 |) | | Title: Name: Address: City-St-Zip: | P () LAW, SIAU W 216 CHARLES HACKENSACH | ST | |
| Title: Name: Address: City-St-Zip: | P (X LAW, SIAU W 216 CHARLES HACKENSACK | | | | Title: Name: Address: City-St-Zip: | (|) Change ()Addition | |
| Title: Name: Address: City-St-Zip: | TEE, KOK S PO BOX 9 | O) Delete MALAYSIA, 34600 |) | | Title: Name: Address: City-St-Zip: | (|) Change ()Addition | |
| Title: Name: Address: City-St-Zip: | GAN, CHONG PO BOX 9 | i) Delete S //ALAYSIA, 34600 |) | | Title: Name: Address: City-St-Zip: | (|) Change () Addition | |

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: SIAU W LAW Ρ 10/05/2006