



# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P99000051331</b> 1. Entity Name <b>MILLENNIUM MEDICAL SYSTEMS, INC.</b>						<b>FILED</b> <b>06 MAY 19 PM 3:16</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>450 MONTANA AVENUE</b> <b>LAKELAND, FL 33015</b>				Mailing Address <b>P O BOX 151495</b> <b>TAMPA, FL 33684</b>			
2. Principal Place of Business <b>1604 OLIVE ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 24209</b> Suite, Apt. #, etc.		 05162006 REIN-P CR2E098 (11/05)			
City & State <b>LAKELAND, FL</b>		City & State <b>LAKELAND, FL</b>		4. FEI Number <b>59-3583807</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33815</b>		Country <b>USA</b>		Zip <b>33802</b>		Country <b>USA</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>FERNANDEZ, IVONNE L</b> <b>607 W MLK BLVD</b> <b>TAMPA, FL 33603-3449</b>			
7. Name and Address of New Registered Agent Name <b>ANTONIO ZAS</b> Street Address (P.O. Box Number is Not Acceptable) <b>1604 OLIVE ST.</b> City <b>LAKELAND, FL</b> Zip Code <b>33815</b>				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.			
SIGNATURE <i>Antonio Zas</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <i>May 18, 06</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE <b>P</b> <input type="checkbox"/> Delete NAME <b>ZAS, ANTONIO</b> STREET ADDRESS <b>P.O. BOX 151495</b> CITY-ST-ZIP <b>TAMPA, FL 336841495</b>				TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>PO Box 24209</b> STREET ADDRESS <b>LAKELAND FL 33802</b> CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>800075545978</b> STREET ADDRESS <b>05/31/06--01014--002 **300.00</b> CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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 with an address, with all other like employment.							
SIGNATURE: <i>Antonio Zas</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <i>May 18, 06</i> <small>Daytime Phone #</small>			