


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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<b>CORPORATION REINSTATEMENT</b>				<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F02000005878</b>					
1. Corporation Name Thermo Labsystems Inc.					
2. Principal Office Address 18 Commerce Way			3. Mailing Office Address same		
Suite, Apt. #, etc. Suite 5000			Suite, Apt. #, etc.		
City & State Woburn, MA			City & State		
Zip 01801	Country Middlesex	Zip	Country	4. Date Incorporated or Qualified To Do Business in Florida 11/25/2002	
5. FEI Number 04-3326268				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				SS 78. Applicable to corporations and limited liability companies.	

7. Name and Address of Current Registered Agent

Name  
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)  
1200 South Pine Island Road

Suite, Apt. #, Etc.

City  
Plantation

State  
FL

Zip Code  
33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0606 or 617.0503, F.S.

Signature of Registered Agent Louise Bayan Special Asst. Sec. Date 4-13-05

(REGISTERED AGENT MUST SIGN)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres, Sec. & Dir	Seth H. Hoogasian	81 Wyman Street	Waltham, MA 02454
Treas.	Kenneth J. Apicerno	81 Wyman Street	Waltham, MA 02454
Asst. Treas.	Maura A. Spellman	81 Wyman Street	Waltham, MA 02454
Asst. Sec.	Jonathan C. Wilk	81 Wyman Street	Waltham, MA 02454
Asst. Sec.	Peter Brennan	81 Wyman Street	Waltham, MA 02454
Asst. Sec.	Theresa R. Boni	81 Wyman Street	Waltham, MA 02454

10. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all taxes owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Jonathan C. Wilk Date 4/12/05

SIGNATURES AND TYPED OR PRINTED NAME OF ORGANIC OFFICER OR DIRECTOR

Jonathan C. Wilk, Assistant Secretary

CRITICAL QUESTION

Florida Department of State  
Division of Corporations  
Public Access System

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Division of Corporations  
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From:

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Account Number : FCA000000023  
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**CORPORATION REINSTATEMENT**

**THERMO LABSYSTEMS INC.**

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