

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 MAR -5 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000000197

1. Corporation Name
MEDTOX Laboratories, Inc.

2. Principal Office Address
402 West County Road D

3. Mailing Office Address
402 West County Road D

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
St. Paul, MN

City & State
St. Paul, MN

Zip Country
55112 USA

Zip Country
55112 USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 1/11/1996

5. FEI Number 52-1130579 **Applied For**
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

200005108352--3
-03/14/02--01060--012
***1358.75 ***1358.75

7. Name and Address of Current Registered Agent

Name
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
Suite, Apt. #, Etc.
City
Tallahassee

State Zip Code
FL 32301

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *Judith S. Blancett* **Judith S. Blancett** **as its agent** **Date** March 4, 2002
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
P/C	Richard J. Braun	402 West County Road D	St. Paul, MN 55112
D/V	Kevin J. Wiersma	402 West County Road D	St. Paul, MN 55112

10. I certify that I am an officer or director or 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 fees 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)(i), 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: *[Signature]* **2/20/02** **651-636-7466**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E081 (9/01)