PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| Zip Country USA 7. Name and Address of Current Registered Agent Brian T. Scher Street Address (P.D. Bax Number is Not Acceptable) The reinstatement fee is imposed, exception of the prior notices. By checking this box, are certifying the prior notices were | CORPORATION REINSTATEMENT | | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | | HU! 20 11 0: 09 | |
|--|---------------------------|---|---|--------------------------------|----------------------------------|--|----------------------------|
| 2. Principal Office Address - No P.O. Bax # 515 North Flagler Dr., Suite, Apt. #, etc. Ste. 802 City & State West Palm Beach, FL Zip 33401 Country To De Business in Florida To | | | | | | The State of | |
| 2. Principal Office Address - No P.O. Box # 515 North Flagler Dr., Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country 33401 Country To Name and Address of Current Registered Agent Single Apt # Eb Country West Palm Beach FL Single Apt # Eb Country REGISTERED AGENT MUST Sign 9. Names and Street Addresses of Each Officer and/or Directors Signature of Registered Agent REGISTERED AGENT MUST Sign Signature of Registered Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Signature of City / State / Zip | American | Consolidat | ed Laborat | ories, Inc. | 90 | 0111583689 | 9 |
| Ste. 802 City & State West Palm Beach, FL Zip Country To Do Business in Florida Country State To Do Business in Florida 12/16/1985 FEI Number Country G. CERTIFICATE OF STATUS DESIRED State For a Certificate of Certificate of Certificate of Status Desired The reinstatement fee is imposed, exception of the entity did not recitive incrumstances which th | | | 3. Mailing Office Address | ing Office Address | | • | |
| City & State West Palm Beach, FL Zip Zip Country The reinstatement fee is imposed, exceptificate of Status Desired The reinstatement fee is imposed, exceptificate of Status Desired The reinstatement fee is imposed, exceptificate of Status Desired The reinstatement fee is imposed, exceptificate of Status Desired The reinstatement fee is imposed, exceptificate of Streep-Address (PD) Bex Number is Nat Acceptable) The reinstatement fee is imposed, exceptificate of the prior notices. By checking this box, are certifying the prior notices were received and requesting the reinstatement fee be waived. State State FL 33401 State B. 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 REGISTERED AGENT MUST SIGN Date 10-31-2001 Gity/ State / Zip City / State / Zip City / State / Zip | | - | Suite, Apt. #, etc. | | 4. Date Incorp | | |
| The reinstatement fee is imposed, exceptional states and street Agent The reinstatement fee is imposed, exceptional states and street Agent and address of Current Registered Agent The reinstatement fee is imposed, exceptional states and street Address (P.O. Bex Number is Not Acceptable) The reinstatement fee is imposed, exceptional states and street Address of Each Officer and/or Directors The reinstatement fee is imposed, exceptional states and street Agent The reinstatement fee is imposed, exceptional states and street Agent The reinstatement fee is imposed, exceptional states are certifying the prior notices. By checking this box, are certifying the prior notices were received and requesting the reinstatement fee be waived. State Balance of Registered Agent Registered Agent Registered Agent Titles Officers and/or Directors Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles City / State / Zip | | Beach, FL | City & State | | | | Applied For Not Applicable |
| Brian T. Scher Street Address (P.C. Box Number is Not Acceptable) Street Address (P.C. Box Number is Not Acceptable) Street Address (P.C. Box Number is Not Acceptable) Street Address of Each Officer and/or Directors The reinstatement fee is imposed, exception circumstances which the entity did not rective the prior notices. By checking this box, are certifying the prior notices were received and requesting the reinstatem fee be waived. State FL 33401 The reinstatement fee is imposed, exception circumstances which the entity did not rective the prior notices. By checking this box, are certifying the prior notices were received and requesting the reinstatem fee be waived. State 33401 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 REGISTERED AGENT MUST SIGN Date 10 - 31 - 2001 Street Address of Each Officer and/or Directors City / State / Zip City / State / Zip | 33401 USA | | Zip | Country | 6. S9 75 Additional For required | | |
| 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 Pate 10-31-2001 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Street Address of Each Officer and/or Director (City / State / Zip | 575 North | her Number is Not Acceptable Tagler Dr. | | State 7 in Code | | | |
| Titles Name of Street Address of Each Officers and/or Directors Officer and/or Director City / State / Zip | Signature of | 3-7 | | familiar with and accept the o | obligations of section | | 7 |
| Officers and/or Directors Officer and/or Director City / State / Zip | 9. Names and Street A | | d/or Director (Florida nonpro | <u> </u> | | | |
| PVD Brian T. Scher 515 North Flagler Dr., Ste. 802 West Palm Beach, FL 33 | Titles | | | | | · · · · · · · · · · · · · · · · · · · | |
| | PVD Brian | T. Scher | 515 N | North Flagler Dr. | , Ste. 802 | West Palm Beach, Fl | 33401 |
| | | | | <u></u> | | | |
| | | | | | - | | |
| 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 it 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 to owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information individuals in true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | | | |