


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000076304 1. Entity Name KEYSTONE ANALYTICAL, INC.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR -9 PM 3: 02

Principal Place of Business 11190 BISCAYNE BLVD. MIAMI, FL 33181	Mailing Address 11190 BISCAYNE BLVD. MIAMI, FL 33181
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2. Principal Place of Business - No P.O. Box # 504 CARNEGIE CTR. Suite, Apt. #, etc.	3. Mailing Address 504 CARNEGIE CTR. Suite, Apt. #, etc.
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03202008 REIN-P CR2E098 (1/07)

City & State PRINCETON NJ Zip Country 08540 USA	City & State PRINCETON NJ Zip Country 08540 USA
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4. FEI Number 23-3089244	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE	VD <input checked="" type="checkbox"/> Delete
NAME	HOLMES, GREGORY B DR.
STREET ADDRESS	11190 BISCAYNE BLVD.
CITY-ST-ZIP	MIAMI, FL 33181
TITLE	PD <input type="checkbox"/> Delete
NAME	XU, ALLAN DR.
STREET ADDRESS	11190 BISCAYNE BLVD.
CITY-ST-ZIP	MIAMI, FL 33181
TITLE	T <input checked="" type="checkbox"/> Delete
NAME	NATAN, DAVID
STREET ADDRESS	11190 BISCAYNE BLVD.
CITY-ST-ZIP	MIAMI, FL 33181
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VICE PRESIDENT, CHAIRMAN (CD) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEFFREY P. McMULLEN
STREET ADDRESS	504 CARNEGIE CTR.
CITY-ST-ZIP	PRINCETON NJ 08540
TITLE	T DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN P. HAMILL
STREET ADDRESS	504 CARNEGIE CTR.
CITY-ST-ZIP	PRINCETON NJ 08540
TITLE	EXECUTIVE VP, DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK DI IANNI
STREET ADDRESS	504 CARNEGIE CTR.
CITY-ST-ZIP	PRINCETON NJ 08540
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

REINSTATEMENT 07-08

3/21/08

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 empowered.

SIGNATURE: _____ Date: 3/21/08 Daytime Phone #: 609 951 6800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR