

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -2 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000113671**

1. Corporation Name

CHOICE SUPPORT LABORATORY SERVICES, INC.

Principal Place of Business

Mailing Address

8458 NW 103RD ST
UNIT E-102
HIALEAH GARDENS FL 33016

8458 NW 103RD ST
UNIT E-102
HIALEAH GARDENS FL 33016



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

05-1158095

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$9.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	FARIAS, AURORA	8458 NW 103RD ST UNIT E102	HIALEAH GARDENS FL 33016

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FAIAS, AURORA
8458 NW 103RD ST
UNIT E-102
HIALEAH GARDENS FL 33016

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

CR2040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

X SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date *X* 11/25/02

11. 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: *X* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *X* 11/25/02
Daytime Phone #

October 28, 2002

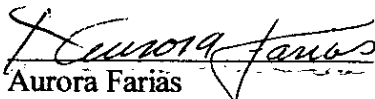
Florida Department of State
Jim Smith Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Reinstatement of Corporation
Document # P01000113671

To Whom It May Concern:

Please find enclosed my application for reinstatement of corporation with the required information. When the form was initialed received, it was overlooked and I did not enclose the FEI number. Please reactivate my corporation as soon as possible. If you have any questions, do not hesitate to call me at 305-586-3328.

Yours very truly,


Aurora Fariás