

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 MAY -5 PM 6:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P-0200006464

1. Corporation Name

American Lab USA Corp.

2. Principal Office Address

1475 West 46 St. # 229.  
Suite, Apt. #, etc.

3. Mailing Office Address

George Falconi  
Suite, Apt. #, etc.

10857 NW 27 St.  
City & State

Miami FL - 33172

8262 NW 198 St.  
City & State

Miami FL

Zip Country  
33172 USA

Zip Country  
33015 USA

**REINSTATEMENT**

03/04

4. Date Incorporated or Qualify  
To Do Business in Florida

02/13/02

5. FEI Number

33-100 8927

Apply For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Reidy Suarez

Street Address (P.O. Box Number is Not Acceptable)

1475 West 46 St. # 229.

Suite, Apt. #, Etc.

Hialeah - FL 33012

City

Hialeah FL

State

FL

Zip Code

33012

000035255818

05/03/04--01048--007 \*\*900.00

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

*Reidy Suarez*

REGISTERED AGENT MUST SIGN

Date

04-27-04

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	Reidy Suarez	1475 West 46 St. # 229	Hialeah FL - 33012
M.	George Falconi	8262 NW 198 St.	Hialeah - FL 33015

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)(j), F.S. The information indicated on this application is true and accurate. My signature shall have the same legal effect as if made under oath.

SIGNATURE:

*George Falconi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/27/04

Day, the Month of

FILED 05/03/04