

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

1998 FEB -2 PM 1:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P37566

1. Corporation Name  
Specialty Laboratories, Inc.

Principal Place of Business Mailing Address  
2211 Michigan Avenue same  
Santa Monica, CA 90404

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 2/10/92	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FDI Number 95-2961036	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> SB 75 Additional Fee required for a Certificate of Status	

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
C	James B. Peter, M.D. Ph.D.	2211 Michigan Avenue	Santa Monica, CA 90404
P	Paul F. Beyer	2211 Michigan Avenue	Santa Monica, CA 90404
V	Bart E. Thielen	2211 Michigan Avenue	Santa Monica, CA 90404

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REINSTATEMENT 94-98 150 2/2/98

8. Name and Address of Current Registered Agent Richard Garcia 7311 N. Armenia Avenue Tampa, FL 33604		9. Name and Address of New Registered Agent Name same Street Address (P.O. Box Number is Not Acceptable) State, Apt. #, Etc. City State Zip Code FL	
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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.  
Signature of Registered Agent: [Signature] REGISTERED AGENT MUST SIGN Date: 1/29/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. I certify that I am an officer or director of 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(1)(b), 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Bart E. Thielen Date: 1/2/98 Daytime Phone #: (310) 828-6543

CP26740 1/25/91