

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 14 PM 1:10

DOCUMENT # P98000066165

1. Corporation Name

LAB SCIENTIFIC INC.

Principal Place of Business

7223 N.W. 43RD STREET
MIAMI FL 33166

Mailing Address

7223 N.W. 43RD STREET
MIAMI FL 33166



REINSTATEMENT

00

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

100 Bayview Dr.

Suite, Apt. #, etc.

Suite 1914

City & State

N.Miami Beach, Fl. 33160

Zip

33160

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

07/28/1998

5. FEI Number

65-0852812

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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	SORIABNO, SUSANA	7223 N.W. 43RD STREET	MIAMI FL 33166
SD	SHLESINGER, CATHERINE	7223 N.W. 43RD STREET	MIAMI FL 33166
TD	SHLESINGER, ROBERTO	7223 N.W. 43RD STREET	MIAMI FL 33166

100003491191--6
-12/07/00--01080--009
****758.00 ****758.00

8. Name and Address of Current Registered Agent

SHLESINGER, ROBERTO
7223 N.W. 43RD STREET
MIAMI FL 33166

9. Name and Address of New Registered Agent

Name SORIABNO

Soriabno, Susana

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

100 Bayview Dr. Suite 1914

Suite, Apt. #, Etc.

City

N.Miami Beach,

State

FL

Zip Code

33160

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

(X)

SIGNATURE REQUIRED

Date 11-2-2000

REGISTERED AGENT MUST SIGN

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.

AD

SIGNATURE:

Susana Soriabno-President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-2-2000 305-947-7765

Date

Daytime Phone #

CR2E040 (8/00)