

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

97 OCT -8 PM 3:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V08227

1. Corporation Name  
Clinlab, Inc.

Principal Place of Business  
234 N. Westmonte Dr.  
Altamonte Springs, FL 32714

Mailing Address  
90 NDC Legal Dept.  
1564 NE Expressway  
Atlanta, GA 30329

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 01/22/92	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3103260	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Sec.	E. Michael Ingram	1564 NE Expressway	Atlanta, GA 30329
VP	Ralph J. Riccardi	6100 S. Yale Ave, #1900	Tulsa, OK 74136
Treas.	Rebecca L. Speight	6100 S. Yale Ave, #1900	Tulsa, OK 74136
Dir.	Philip D. Kurtz	6100 S. Yale Ave, #1900	Tulsa, OK 74136
Dir.	Thomas G. Nouvelles	6100 S. Yale Ave, #1900	Tulsa, OK 74136
D.	Rebecca L. Speight	6100 S. Yale Ave, #1900	Tulsa, OK 74136

8. Name and Address of Current Registered Agent

ET Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324

9. Name and Address of New Registered Agent

Name	REINSTATEMENT 1997	
Street Address (P.O. Box No.)	1997	
Suite, Apt. #	Adrian	
City	State FL	Zip Code 32708
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	Mary R. Adams	
REGISTERED AGENT MUST SIGN		
Date	10/08/97	10/08/97
	315985-73	01061-004
	****750.00	****750.00

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 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: E. Michael Ingram / Secretary 10/6/97 404/728-2504  
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)