

APPLICATION
FOR
REINSTATEMENT



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

FILED:

00 DEC 11 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000002863

1. Corporation Name

PHARMCHEM LABORATORIES, INC.

Principal Place of Business

Mailing Address

1505A O'BRIEN DR.
MENLO PARK CA 94025

1505A O'BRIEN DR.
MENLO PARK CA 94025



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

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/20/1998

SP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

77-0187280

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
C	IRWIN, RICHARD	1505A O'BRIEN DR.	MENLO PARK CA 94025
D	STROBEN, DONALD	1505A O'BRIEN DR.	MENLO PARK CA 94025
DP	HALLIGAN, JOSEPH	1505A O'BRIEN DR.	MENLO PARK CA 94025
V	FORTNER, NEIL	1505A O'BRIEN DR.	MENLO PARK CA 94025
ST	LATTANZIO, DAVID A	1505A O'BRIEN DR.	MENLO PARK CA 94025
V	ELIZABETH M. LISON	1505A O'BRIEN DRIVE	MENLO PARK, CA 94025
V	JOSEPH L. KURTA	1505A O'BRIEN DRIVE	MENLO PARK, CA 94025

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SO. PINE ISLAND ROAD
PLANTATION, FLORIDA 33324

9. Name and Address of New Registered Agent

Name
600003509226--5
Street Address (P.O. Box Number is Not Accepted)
12/20/00--01080--001
Suite, Apt. #, Etc.
*****17.50 *****17.50
City
State
FL Zip Code

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

Signature of
Registered Agent

NASEEM A. CONDE
SPECIAL ASST. SECRETARY

Date

11-2-00

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.

600003509226--5

-12/20/00--01080--002

*****758.75 *****758.75

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-00

Date

630-617-9202

Daytime Phone #