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	•				
(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Do	(Document Number)				
Certified Copies	Certificates	of Status			
Special Instructions to F	Filing Officer:				
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Office Use Only



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SECRETARY OF STATE

CS.5-28

COVER LETTER

TO: New Filing Section Division of Corporations					
SUBJECT: IMMUNOSTICS, INC.					
(Name of corporation - must include suffix)					
Dear Sir or Madam:					
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Flor "Certificate of Existence," and check are submitted to register the above referenced foreign corpor transact business in Florida.					
Please return all correspondence concerning this matter to the following:					
ANDREA GEFFON					
(Name of Person)					
IMMUNOSTICS INC					
(Firm/Company)					
3505 SUNSET AVENUE					
(Address)					
OCEAN, NJ 07712					
(City/State and Zip code)					
For further information concerning this matter, please call:					
ANDREA GEFFON at (732) 918-0770					
(Name of Person) (Area Code & Daytime Telephone Number)					
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					
Enclosed is a check for the following amount:					
\$70.00 Filing Fee \$\sum \\$78.75 Filing Fee & \$\sum \\$78.75 Filing Fee & \sum \\$XX \\$87.50 Filing Certificate of Status Certified Copy Certified Co	f Status &				

. APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	IIMMUNOSTICS INC.				
	(Enter name of corporation; must include "INCORPORATED," "CO	OMPANY,	" "CORPORATION,"		
	"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")				
			•		
	IMMUNOSTICS CO., INC.				
	(If name unavailable in Florida, enter alternate corporate name adopte	ed for the p	ourpose of transacting b	ousiness in Florida)	•
2.	NEW JERSEY 3	22-1	91-3042	•	
۷.	(State or country under the law of which it is incorporated)		(FEI number, if applica	able)	
	CEDE 20 1070	PERPE	•	,	
4.	·		ar corp. will cease to ex	vist or "nernetual")	
	•	iation. To	ii corp. will couse to ex	nation perpetuus,	
6.					
	(Date first transacted business in Flori (SEE SECTIONS 607.1501 & 607.1502, F.				
		.b., to dete	ininio ponuncy nacimity ,		
7.	7. 3505 SUNSET AVENUE OCEAN, NO	J 077	12		
	(Principal office address) SAME				
	(Current mailing address)				
8.					
	(Purpose(s) of corporation authorized in home state or country	to be carrie	ed out in state of Florid	(a) 开 _公 7月	
9.	P. Name and street address of Florida registered agent: (P.O. Box	NOT ac	ceptable)	2000 HAY 27 PM 4: 05 SECRETARY OF STATE TALLAHASSEE, FLORID	77
			,	三 三	
	Name: PHILIP G. HERBERT			27 AR SS	F
Δí	Office Address: 12161 NW 51st COURT			m~ -0	
0,	Since Address.			FS	
	CORAL SPRINGS	, Florida _	33076	SE :	
	(City)		(Zip code)	DE S	
10	0. Registered agent's acceptance:			,	
	Having been named as registered agent and to accept service of p	process fo	or the above stated co	ornoration at the pl	ace
	lesignated in this application, I hereby accept the appointment a				
fи	urther agree to comply with the provisions of all statutes relative	e to the pr	oper and complete p	erformance of my	duties
an	and I am familiar with and accept the obligations of my position	as registe	ered agent.		
	76.1. 4 2/ 1 +				
	Philips J. Und T (Registered agent's signature)	·		_	
	(Registered age/it's signature)				

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12.	Names and business addresses of officers and/or directors:
·A.	DIRECTORS

FILED

A. DIRECTORS			2009 MAY 27	PM 4: 05
Chairman:			SECRETAR'	OF STATE
Address:			TALLAHASS	<u> </u>
Vice Chairman:				
Address:				
Director:				
Address:				
Director:				
Address:				
B. OFFICERS				
President: KENNETH KUPITS				
Address: 3505 SUNSET AVENU	E, OCEAN, NJ	07712		
Vice President: VINCENT P. LA STE	LLA			
Address: 3505 SUNSET AVENU		07712		
Secretary:				
Address:				
Treasurer:				
Address:				
NOTE: If necessary, you may attach an addended	im to the application	listing additional of	officers and/or dir	ectors.
13. Juneal Latt	eller	12 64	- · · · · · ·	
(Signature of Director or C			апоп)	
14. VINCENT P. LA STELLA (Typed or printed name			on)	

STATE OF NEW JERSEY DEPARTMENT OF TREASURY SHORT FORM STANDING

IMMUNOSTICS, INC.

5286182500

With the Previous or Alternate Name

LABORATORY DIAGNOSTICS COMPANY, INC. (Previous Name) VLK, INC. (Previous Name)

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on September 29, 1970.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Kenneth Kupits 3505 Sunset Avenue Ocean, NJ 07712



Certification# 112008383

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 19th day of May, 2008

R. David Rousseau State Treasurer

Verify this certificate at https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp