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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F1ZA00001688

1. Corporation Name

SILVERSTAFF CLINICAL LABORATORIES, INC.

2. Principal Office Address - No P.O. Box

201 Jordan Road

State, Apt. #, etc.

Suite 100

City & State

Franklin, TN

Zip

37067

Country

USA

3. Mailing Office Address

201 Jordan Road

State, Apt. #, etc.

Suite 100

City & State

Franklin, TN

Zip

37067

Country

USA

CR2E081 (11/10)

4. Data Incorporated or Qualified
To Do Business In Florida

04/18/2012

5. FEI Number

45-3062769

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

58.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 SOUTH PINE ISLAND RD

State, Apt. #, etc.

City

PLANTATION

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0808 or 617.0603, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

6/11/14

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	James West	1200 Taggartwood Road	Brentwood, TN 37027
COO	Jimmy Kendrick	103 Rue de Grande	Brentwood, TN 37027
BM	Greg Stelzer	2917 Paper Mill Bridge Road	Thompson Station, TN 37139
BM	Sandler Passman	12001 Foxlawn Court	Richmond, VA 23233

10. E-mail Address: *jkendrick@silverstaff.com*

(To be used for future annual report notification)

11. I certify that I am an officer or director or the owner or person 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.166, F.S.

SIGNATURE:

James L. Kendrick

James L. Kendrick

6/11/2014

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6/11/2014 9:47:15 From: To: 8506176384

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

14 JUN 11 AM 11:02

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
SILVERSTAFF CLINICAL LABORATORIES, INC.

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