PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT — FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

00 UBB

FILED
00 MAY 30 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****300.00 ****300.00

DOCUMENT # 134648

1. Corporation Name
AMERICAN HYGIENIC LABORATORIES INC

2. Principal Office Address	3. Mailing Office Address
859 NE 79 ST.	PO Box 2458
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI BEACH FL
Zip: 33138 Country: ~~USA~~	Zip: 33140 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1948

5. FEI Number: 59-6072672 ☐ Applied For ☑ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: DOUGLAS GRENALD

Street Address (P.O. Box Number is Not Acceptable): 859 NE 79 ST

Suite, Apt. #, Etc.:

City: MIAMI | State: FL | Zip Code: 33138

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Douglas L Grenald — REGISTERED AGENT MUST SIGN — Date: 5-24-00

CR2E081 (9/99)

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
PRES.	DOUGLAS GRENALD	1655 NE 115 ST. #34B	N. MIAMI, FL 33181
SEC/TREAS	SELMA GRENALD	1800 NE 114 ST #2010	N. MIAMI, FL 33181
CEO	BEN GRENALD	1800 N.E. 114 ST #2010	N. MIAMI, FL 33181
V/PRES	SHAUN GRENALD	1655 NE 115 ST. #34B	N. MIAMI, FL 33181

LS

10. 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: Douglas L Grenald — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 5/24/00 — Daytime Phone #: (305) 758-4907

American Hygienic Laboratories, Inc.

859 N.E. 79th STREET • MIAMI, FLORIDA 33138 / P.O. BOX 2458 • MIAMI BEACH, FL 33140

Tel 305-756-4907 / Fax: 305-756-8102 / Email: dlanerg@aol.com / www.shuttlelotion.com / www.shuttlerelief.com

5/24/00

Division of Corporations,
PO Box 6327
Tallahassee FL 32314

ATTN: M. Milligan.

As per our recent telephone conversation, we are enclosing ~~the reinstatement~~ Corporation Form, along with our check in the amount of $300.00 ~~To cover~~ The fees for 1999 & 2000, as per your instructions. We appreciate your attention & cooperation in the above matter. Please advise when we have been reinstated.

Thank You
Sincerely,

Douglas L. Grenald

DOUGLAS L. GRENALD
PRES.