2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 27, 2009
Secretary of State

DOCUMENT# 314356

Entity Name: TESTING LAB OF THE PALM BEACHES INC.

Current Principal Place of Business:

421 SO. H ST.
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 211
LAKE WORTH, FL 33460

New Mailing Address:

FEI Number: 59-1212441 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROGERS, LAURIE A
421 SO. H STREET
LAKE WORTH, FL 33460 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LAURIE A. ROGERS
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ADAIR,JOHN
Address: 100 WATERWAY DR. APT 210
City-St-Zip: LANTANA, FL 33462

Title: VP ( ) Delete
Name: STEPHEN P O'NEIL
Address: 233 SLEEPY HOLLOW DR
City-St-Zip: W PALM BCH, FL 33415

Title: VPST ( ) Delete
Name: ROGERS, LAURIE A.
Address: 421 SO. H STREET
City-St-Zip: LAKE WORTH, FL 33460

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURIE A. ROGERS VP 10/27/2009
Electronic Signature of Signing Officer or Director — Date