

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Catherine Harrison  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
01 DEC 28 PM 3:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 825664

1. Corporation Name

REAL-TIME LABORATORIES, INC. changing name to: R-T Labs, Inc.

**REINSTATEMENT 1995-2001**

2. Principal Office Address

350 N W 12TH AVENUE

3. Mailing Office Address

350 N W 12TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH FLORIDA

City & State

DEERFIELD BEACH FLORIDA

Zip

33442

Country

U.S.A.

Zip

33442

Country

U.S.A.

4. Date Incorporated or Qualified

To Do Business in Florida 1/26/71

5. FEI Number

59-1352963

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

C T CORPORATION SYSTEM

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

1200 S. PINE ISLAND ROAD

Suite, 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 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Connie Bryan*

**CONNIE BRYAN**

**SPECIAL ASSISTANT SECRETARY**

REGISTERED AGENT MUST SIGN

Date 12/28/01

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
P/D	RONALD STRACKBEIN	1055 Washington Blvd., Box 9 - 5th Floor	Stamford CT 06901
S	ROBIN WARREN	1055 Washington Blvd., Box 9 - 5th Floor	Stamford CT 06901

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:

*Ronald G. Strackbein*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-27-01

Date

Daytime Phone #

*AJR*

CT CORPORATION SYSTEM

CORPORATION(S) NAME

(1) Real-Time Laboratories, Inc. Changing name to: R-T Labs, Inc.

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input checked="" type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input checked="" type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS

<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will-Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

RECEIVED  
01 DEC 28 PM 2:01  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS

12/28/01

File 2nd  
MS

Order#: 5019105

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615



**FLORIDA DEPARTMENT OF STATE**

**Katherine Harris**  
Secretary of State

December 31, 2001

**REAL-TIME LABORATORIES, INC.  
C.T. CORPORATION**

**\*\*\*WALK-IN\*\*\***

**DEERFIELD BEACH, FL 33442**

**SUBJECT: REAL-TIME LABORATORIES, INC.**

**Ref. Number: 825664**

We have received your document for REAL-TIME LABORATORIES, INC. and check(s) totaling \$1650.00. However, your check(s) and document are being returned for the following:

The name of the above listed entity is no longer available. Please file an amendment changing the name of this entity. The amendment filing fee is \$35.00.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Eula Peterson  
Document Specialist

Letter Number: 701A00067651