

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 851048

1. Corporation Name

MIDLAND RESEARCH LABORATORIES, INC.

Principal Place of Business

10850 Mid America Avenue
Lenexa, KS 66219

Mailing Address

10850 Mid America Avenue
Lenexa, KS 66219

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11-17-81

5. FEI Number

48-0926254

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	Opelka, John J.	10850 Mid America Avenue	Lenexa, KS 66219
D	Arellano, Pedro R.	6771 SW 48th Street	Miami, FL 33155
S/D	Fisher, G. Robert	1400 Commerce Bank Bldg	Kansas City, MO
T	Opelka, John J.	10850 Mid America Avenue	Lenexa, KS 66219
D	Kelly, Mark E.	4267 Grubstake Circle	Reno, NV 89509
D	Richardson, Derek	41 Sascó Creek Road	West Port, CT 06880

8. Name and Address of Current Registered Agent

CT Corporation System
1200 S. Pine Island Road
Plantation, FL 33324

9. Name and Address of New Registered Agent

Name
300002321013--8
Street Address (P.O. Box Number is Not Accepted) 15797--01076--006
Suite, Apt. #, Etc. ***1088.75 ***1088.75
City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent See Attached

Date 10-7-97

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

[Signature]
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-7-97
Date

(913) 888-0560
Daytime Phone #

FILED
97 OCT 13 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-97

CFR2040 (2-95)

ACCEPTANCE OF APPOINTMENT

RE: MIDLAND RESEARCH

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: 10/07/97

C T CORPORATION SYSTEM

By


JOHN J. LINNIHAN
ASSISTANT VICE-PRESIDENT