


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 AUG 28 PM 4:22 SECRETARY OF STATE TALLAHASSEE, FLORIDA 200002281032--7 -08/29/97--01064--002 ****470.00 ****470.00 200002281032--7 -08/29/97--01064--003 ****445.00 ****445.00 <small>DO NOT WRITE IN THIS SPACE</small>	
DOCUMENT # 853005 1. Corporation Name ROCHE BIOMEDICAL LABORATORIES, INC.					
Principal Place of Business 358 South Main Street Burlington, NC 27215		Mailing Address same			
<small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 5-28-82 5. FEI Number 22-2393822 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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.	Thomas P. MacMahon	358 S. Main St.	Burlington, NC 27215		
EXP. T.	Wesley R. Elingburg	231 Maple Ave	Burlington, NC 27215		
S	Bradford T. Smith	358 S. Main St.	Burlington, NC 27215		
D	James B. Powell	112 Orange Dr	Elon College, NC 27244		
8. Name and Address of Current Registered Agent					
C-T Corporation System 1200 South Pine Island Road Plantation, FL 33324		REINSTATEMENT 96-97 Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. 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 <u>Conie Bryan</u> <u>Conie Bryan - Special Asst. Secy.</u> Date <u>8-28-97</u> REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <u>Wesley R. Elingburg</u> EXP. CFO & Treasurer 7-30-97 (910) 224-127 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					