

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
DATE

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC 23 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F01000001600**

1. Corporation Name
PerkinElmer Life Sciences, Inc.

600009786136
01/02/03--01038--023 **758.75

2. Principal Office Address
549 Albany St.

3. Mailing Office Address
549 Albany St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Legal Department

City & State
Boston MA

City & State
Boston MA

Zip Country
02118 USA

Zip Country
02118 USA

REINSTATEMENT

4. Date incorporated or Qualified To Do Business in Florida
3/23/01

5. FEI Number
04-3361624

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
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City
Plantation

State Zip Code
FL 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

12/23/02

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
	Please see attached		

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:

John L. Healy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/16/02 781-237-5100
Daytime Phone #

CR2E081 (9/01)

PerkinElmer Life Sciences, Inc. – Board of Directors

DIRECTOR	BUSINESS ADDRESS
Terrance L. Carlson	PerkinElmer, Inc. Legal Department 45 William Street Wellesley, MA 2481-4078
Robert F. Friel	PerkinElmer, Inc. Legal Department 45 William Street Wellesley, MA 2481-4078
John L. Healy	PerkinElmer, Inc. Legal Department 45 William Street Wellesley, MA 2481-4078

PerkinElmer Life Sciences, Inc. – Officers

OFFICER	BUSINESS ADDRESS
Robert F. Friel Assistant Treasurer	PerkinElmer, Inc. Legal Department 45 William Street Wellesley, MA 2481-4078
David C. Francisco Assistant Treasurer	PerkinElmer, Inc. Legal Department 45 William Street Wellesley, MA 2481-4078
John J. Engel President	PerkinElmer, Inc. Legal Department 45 William Street Wellesley, MA 2481-4078
John L. Healy Assistant Secretary	PerkinElmer, Inc. Legal Department 45 William Street Wellesley, MA 2481-4078
Kenneth L. Horton Assistant Secretary	PerkinElmer, Inc. Legal Department 45 William Street Wellesley, MA 2481-4078
Gregory D. Perry Treasurer	PerkinElmer, Inc. Legal Department 45 William Street Wellesley, MA 2481-4078
Petri M. Myllyneva Vice President and Secretary	PerkinElmer, Inc. Legal Department 45 William Street Wellesley, MA 2481-4078

OFFICER	BUSINESS ADDRESS
Robert S. Wylie Vice President	PerkinElmer, Inc. Legal Department 45 William Street Wellesley, MA 2481-4078
Terrance L. Carlson Vice President	PerkinElmer, Inc. Legal Department 45 William Street Wellesley, MA 2481-4078