Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
LAKEWOOD PATHOLOGY ASSOCIATES, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$1,358.75

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 FEB 24 PM 2:30

CR2E081 (11/09)

DOCUMENT # F05 00000 3767

1. Corporation Name

LAKEWOOD PATHOLOGY ASSOCIATES, INC.
dba Plus Diagnostics

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
825 Rahway Ave	825 Rahway Ave
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: Union, NJ 07083	City & State: Union, NJ 07083
Zip: 07083 Country: Union	Zip: 07083 Country: Union

4. Date Incorporated or Qualified To Do Business In Florida: 9/1/1990

5. FEI Number: 22-3059768 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $5.75 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 Rd.

Suite, Apt #, Etc:

City: Plantation State: FL Zip Code: 33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Maria Chambers, Special Asst. Secy. Date: 2/24/2010
REGISTERED AGENT MUST SIGN

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
CEO	Dan Berg	825 Rahway Ave	Union, NJ 07083
CFO	Tim Kennedy	825 Rahway Ave	Union, NJ 07083
COO	David Paulucci	825 Rahway Ave	Union, NJ 07083

REINSTATEMENT 06-10B 2/24/10

10. E-mail Address: SRetweelk@PlusDx.com
(To be used for future annual report notification)

11. 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 that all 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: _____ 2/25/10 Date 732-901-7575 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR