PLEASE READ ALL INSTRUCTIONS BEFORE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E061 (11/10)

DOCUMENT # F11000000471

1. Corporation Name

eLab Consulting Services, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
5009 Roswell Road		610 Airport Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 200	
City & State Sandy Springs, Georgia		City & State Huntsville, Alabama	
Zip 30342	Country USA	Zip 35806	Country USA

4. Date Incorporated or Qualified To Do Business in Florida
2/2/2011

5. FEI Number
27-0730973 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED
Yes

$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
FL

Zip Code
33324

REINSTATEMENT
2013 - 2014

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 ____ Date 11/6/2014

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
P	Marty Smith	5009 Roswell Road	Sandy Springs, GA 30342
VP	Ann Smith	5009 Roswell Road	Sandy Springs, GA 30342
VP/T	Christy Lurie	610 Airport Road	Huntsville, AL 35802
VP/CTO	Rob Lurie	610 Airport Road	Huntsville, AL 35802
S	David Vance Lucas	610 Airport Road	Huntsville, AL 35802

10. **E-mail Address:** david.lucas@elabsolutions.com; and kim.leahey@elabsolutions.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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: ____ David Vance Lucas 11/5/14 256-715-9887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

NOV - 6 2014

M. WILLIAMS

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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RE-SUBMIT

Please retain original date of submission 11/6

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CORPORATION REINSTATEMENT
ELAB CONSULTING SERVICES, INC.

Certificate of Status	1
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