

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

14 JUL 14 PM 4:33  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F1200003688**  
 1. Corporation Name  
 Immco Diagnostics, Inc.

2. Principal Office Address - No P.O. Box # 60 Pineview Dr. Suite, Apt. #, etc.		3. Mailing Office Address 60 Pineview Dr. Suite, Apt. #, etc.	
City & State Buffalo, NY		City & State Buffalo, NY	
Zip 14228	Country	Zip 14228	Country

CR2B081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida  
12/20/71

5. FEI Number 16-1012347	Applied For <input type="checkbox"/> Not Applicable
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6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street

Suite, Apt. #, Etc.

City  
Tallahassee

State  
FL

Zip Code  
32301

000262269100

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 Emily Gray Date 7/14/14  
 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
CP	William Maggio	60 Pineview Dr.	Buffalo, NY 14228
S	Kevin Lawson	60 Pineview Dr.	Buffalo, NY 14228
T	Randy Anger	60 Pineview Dr.	Buffalo, NY 14228

**REINSTATEMENT** [JUL 14 2014]  
 R. HUNT

10. E-mail Address: Ranger@immco.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: Randy C. Anger 7/14/14 716-691-0091  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 214537 7684924

AUTHORIZATION

*Spudleman*

COST LIMIT : \$ 900.00

ORDER DATE : July 14, 2014

ORDER TIME : 2:46 PM

ORDER NO. : 214537-005

CUSTOMER NO: 7684924

REINSTATEMENT

NAME: IMMCO DIAGNOSTICS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX        PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams

JUL 14 2014

EXAMINER'S INITIALS

R. HUNT

RECEIVED  
 14 JUL 14 PM 4:28  
 DIVISION OF CORPORATE AFFAIRS