1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

15 OCT 27 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # F14000003443

1. Corporation Name

EUROFINS MICROBIOLOGY LABORATORIES, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2430 New Holland Pike	2200 RITTENHOUSE STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
D215	SUITE 175
City & State	City & State
Lancaster, PA	DES MOINES, IA
Zip / Country	Zip / Country
17601 / USA	50321 / USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 52-1632092 — 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: NATIONAL CORPORATE RESEARCH,LTD.,INC.

Street Address (P.O. Box Number is Not Acceptable): 115 North Calhoun St.

Suite, Apt. #, Etc.: Suite 4

City: Tallahassee | State: FL | Zip Code: 32301

300278528733

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: Kathleen Ballard — Date: 10.27.15

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
DT	FASSBENDER, RALF	2425 NEW HOLLAND PIKE	LANCASTER, PA 17601
C	KROGULL, MARY K	2200 RITTENHOUSE STREET, SUITE 175	DES MOINES, IA 50321
P	SCANTLIN, MARC K	2200 RITTENHOUSE STREET, SUITE 175	DES MOINES, IA 50321
S	DICKINSON, DAN	2425 NEW HOLLAND PIKE	LANCASTER, PA 17601

10. E-mail Address: _____
(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: _____ 10/27/15 — 515-362-5905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

K. ASHTON

2852

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Date: 10/27/2015

Account #: I20000000088

Name: Darian Shump

Reference #: D278186

ENTITY NAME: EUROFINS MICROBIOLOGY LABORATORIES, INC.

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Annual Report
- ☐ Change of Agent
- ☑ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other: _____

FILED
2015 OCT 27 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Authorized Amount: $ 758.75

Signature: _____

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