

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 15 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F53453**

1. Corporation Name

ADVANCED LAB SERVICES, INC.

2. Principal Office Address

407 PASADENA AVE S

Suite, Apt. #, etc.

City & State

ST PETERSBURG, FL

Zip

33707

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

900025485939
12/15/03--01011--014 **750.00

REINSTATEMENT 2003 Nov

4. Date Incorporated or Qualified
To Do Business in Florida

11/13/1981

5. FEI Number

59-2162218

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

DAVID N. DOSS

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

5209 GULFPORT BLVD S.

Suite, Apt. #, Etc.

City

GULFPORT

State

FL

Zip Code

33707

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

David N. Doss

Date

12/4/03

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/S/D	STEPHEN T. PROCTOR	4523 20TH AVENUE N.	ST PETERSBURG, FL 33710
T	MARIE PROCTOR	4523 20TH AVENUE N.	ST PETERSBURG, FL 33710

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:

Stephen T. Proctor
STEPHEN T. PROCTOR, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/4/03

Daytime Phone #

727/344-7457

CR2E081 (10/02)

Vardy & Company CPA'S, P.A.

December 8, 2003

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Re: Advanced Lab Services, Inc.
59-2162218
Corporate Annual Report

Gentlemen:

It has just come to our attention that the above referenced Corporation failed to file their 2003 Annual Report and that they have been administratively dissolved. We are enclosing a completed reinstatement form and the required \$750.00 reinstatement fee.

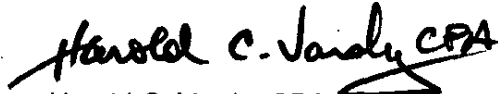
You will notice that the address on the reinstatement form is different from that shown in the department's records. The corporation had moved its offices and did not receive any of the notices regarding the filing of the annual report. This corporation has been in existence since 1981 and has always filed their report timely.

Due to the fact that they did not receive any of your notices we respectfully request that the Department accept this filing, retroactively reinstate the corporation status to active and refund all fees in excess of the original timely filing fee of \$150.00.

If you need any additional information please contact us or our client as soon as possible.

Very truly yours,

Vardy & Company CPA's, PA



Harold C. Vardy, CPA

Enc.

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8600 113th Street North, Seminole, Florida 33772 (727) 393-8755 Fax (727) 393-0467