

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1997 DEC 15 PM 12:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000000363**

1. Corporation Name

**AMERICAN LABORATORY ASSOCIATES, INC.**

Principal Place of Business

6061 NE 14TH AVE.  
FORT LAUDERDALE FL 33334

Mailing Address

6061 NE 14TH AVE.  
FORT LAUDERDALE FL 33334

7289 Garden Road  
Suite 200  
Riviera Beach, FL 33404

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/25/1994

5. FEI Number

65-0455367

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CP	POULOS, EVANGELOS G	6061 NE 14TH AVE.	FORT LAUDERDALE FL 33334
DP	JAMES C. NEW	7289 GARDEN ROAD, SUITE 200	RIVIERA BEACH, FL 33404
MD	DEMARAY, MICHAEL J	6061 NE 14TH AVE.	FORT LAUDERDALE FL 33334
VP/S/T/D	ROBERT P. WYNN	7289 GARDEN ROAD, SUITE 200	RIVIERA BEACH, FL 33404
DDT	KOWALCZYK, ALEXANDER P	6061 NE 14TH AVE.	FORT LAUDERDALE FL 33334
VP/AS/AT	GREGORY A. MARSH	7289 GARDEN ROAD, SUITE 200	RIVIERA BEACH, FL 33404
D	ROBERTS, THOMAS S	ONE BOSTON PLACE, STE 3400	BOSTON MA 02108
D	STAMPS, E. ROE IV	ONE BOSTON PLACE, STE 3400	BOSTON MA 02108
	See Attached For additions		

REINSTATEMENT

8. Name and Address of Current Registered Agent

~~GT CORPORATION SYSTEM~~

~~1200 SOUTH PINE ISLAND ROAD~~

~~PLANTATION FL 33324~~

9. Name and Address of New 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

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Karen B. Rozar*

Karen B. Rozar, As Its Agent

Date 12-15-97

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for Information  
on Intangible tax.)

12. 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:

*Gregory A. Marsh*

Gregory A. Marsh

12/11/97

501

8451850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/97)