

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

10 SEP 17 AM 10:53

FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
ALERE WELLOLOGY, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$900.00

KSP
9/17

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

10 SEP 17 AM 10:53

OFFICE OF STATE
ALLAHASSEE, FLORIDA

DOCUMENT # F98000005372

1. Corporation Name

Alere Wenhology, Inc.

2. Principal Office Address - No P.O. Box #

3200 Windy Hill Rd

Suite, Apt. #, etc.

Suite 100

City & State

Atlanta, GA

Zip

30339

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

09-10

CR28082 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

9-24-1998

5. FEI Number

54-17716557

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$175 fee mandatory 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

8. I, being appointed the registered agent of the above named corporation, hereby accept the obligations of section 907.0605 or 917.0605, F.S.

Signature of
Registered Agent

Connie Bryan

Assistant Secretary

Date

9/17/2010

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

Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
CEO	Tom Underwood	3200 Windy Hill Rd, Ste 100	Atlanta, GA 30339
VP, Finance	David Teitel	51 Sawyer Rd, Ste 200	Waltham, MA 02453
Director	Craig Apolinsky	3200 Windy Hill Rd, Ste 100	Atlanta, GA 30339
Asst. Sec.	Ellen V. Chimara	51 Sawyer Rd, Ste 200	Waltham, MA 02453
Director	Jay McNamara	51 Sawyer Rd, Ste 200	Waltham, MA 02453

10. E-mail Address: interim@alere.com

(To be used for future annual report notification)

11. I certify that I am an officer or director of 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. 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.

SIGNATURE:

Ellen V. Chimara

Ellen V. Chimara Asst Sec

9/14/10 781-314-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2108