APPLICATION FOR REINSTATEMENT

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

G18089

DO NOT WRITE IN THIS SPACE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 DEC 31 PM 3:59

Read Instructions on Other Side Before Making Entries
Make Check Payable to: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT #G18089

U.S. FILIGREE WIDESLAB, INC.
% Sarda, Nandy M.
177 Marina Del Rey Ct.
Clearwater, FL 34630

REINSTATEMENT 97

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address
Barnett Tower, Suite 1210

Address
One Progress Plaza

City and State St. Petersburg, FL

Zip Code 33701

3. Date Incorporated or Qualified To Do Business in Florida	4. FEI Number		FEI Number Applied For	5. $8.75 Additional Fee required for a Certificate of Status
01/10/83	59-2260064		FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and/or Director

1 Title	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 and State
P/D	Sarda, Nandy M.	550 Washington Highway	Smithfield, RI 02917

100002404231--8
01/20/98-01011-020
****250.00 ****250.00

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

Sarda, Nandy M.
177 Marina Del Rey Court
Clearwater, FL 34630

8. Name and Address of New Registered Agent and/or Office

Name James N. Powell

Street Address (Do NOT Use P.O. Box Number)
Barnett Tower, Suite 1210

Street Address (Do NOT Use P.O. Box Number)
One Progress Plaza

City and State: St. Petersburg, FL Zip: 33701

9. 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 [signature] Date 12-31-97
REGISTERED AGENT MUST SIGN

10. If the corporation is a non-profit with I.R.S.501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

11. Does this Corporation pay any intangible tax to the Dept. of Revenue under S.199.032, Florida Statutes Yes ☐ No ☒ (See other side for additional information)

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., and that all fees owed by the corporation have been paid. 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 of Officer or Director [signature] Vice Pres. Date 12/31/97 Daytime Phone # 401-231-4000

sp 1/13/98