

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 28 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G60514**

1. Corporation Name

Hernasco Testing Laboratory, Inc.

2. Principal Office Address

13237 Colony Road

Suite, Apt. #, etc.

n/a

City & State

Hudson, Florida

Zip

34674

Country

Pasco

3. Mailing Office Address

P.O. Box 5267

Suite, Apt. #, etc.

n/a

City & State

Hudson, Florida

Zip

34674

Country

Pasco

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

09/21/1983

5. FEI Number

59-2340709

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

Alan Fortich

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

13237 Coloy Road

Suite, Apt. #, Etc.

City

Hudson, Florida

State

FL

Zip Code

34674

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

Date

10/24/03

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
PST	Alan Fortich	P.O. Box 5267	Hudson, Florida 34674
VP	James C. Tippens, Jr.	2700 Bayshore Blvd. #561	Dunedin, Florida 34698

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/24/03

Daytime Phone #

727-856-5565

CR2081 (10/02)

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