

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS

APPLICATION
9/1/98
REINSTATEMENT



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

And
FILED

98 JUL 17 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

308246

1. Corporation Name

National Labs, Inc.

Principal Place of Business

Mailing Address

N/A

101 Orange Co. Circle N.E.
Winter Haven, FL 33883

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

2. New Principal Office Address, If Applicable

N/A

3. New Mailing Office Address, If Applicable

N/A

4. Date Incorporated or Qualified
To Do Business in Florida

4/1/86

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2669224

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
S	R. Max Greenwalt	5431 Sugar Hills Dr.	Greenfield, IN 46140
P	R. Lynn Greenwalt	2424 E. 600 N.	Greenfield, IN 46140
V	Blake Whisenant	19275 State Rd. 62	Parrish, FL 34219-0279
			900002593869--8 -07/21/98--01044--007 ***315.00 ***315.00
		Dissolution removed due to a clerical error.	

8. Name and Address of Current Registered Agent

Paul Ebright
352 Sand Pine Trail
Winter Haven, FL 33880

9. Name and Address of New Registered Agent

Name

Larry Helms

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

60 2nd St., S.E.

Suite, Apt. #, Etc.

City

Winter Haven

State

FL

Zip Code

33880

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

REGISTERED AGENT MUST SIGN

Date

7/15/98

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Lynn Greenwalt

7/14/98

Date

317/462-3263

Daytime Phone #