

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
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 *Larry Helms*
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: *R. Lynn Greenwalt*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
R. Lynn Greenwalt

7/14/98 **317/462-3263**
Date Daytime Phone #