

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000000808

FILED
Sep 19, 2007
Secretary of State

Entity Name: ALTERNATIVE REAGENT SOURCE, LLC

Current Principal Place of Business:

15911 SEDGEWYCK CIRCLE NORTH
DAVIE, FL 33331

New Principal Place of Business:

Current Mailing Address:

15911 SEDGEWYCK CIRCLE NORTH
DAVIE, FL 33331

New Mailing Address:

FEI Number: 65-1067803 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GREENBERG, TRAURIG
ATTN: STEPHEN MENDELSON
5100 TOWN CENTER CIR., SUITE 400
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

GREENBERG TRAURIG
ATTN: STEPHEN MENDELSON
5100 TOWN CENTER CIR., SUITE 400
BOCA RATON, FL 33486 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: STEPHEN MENDELSON

09/19/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MORTON, KEVIN
Address: P.O. BOX 504
City-St-Zip: BRANFORD, FL 32008

Title: MGRM () Delete
Name: SUGGS, ROBBIE
Address: P.O. BOX 504
City-St-Zip: BRANFORD, FL 32008

Title: MGRM () Delete
Name: LAVAN, ELLEN
Address: 15911 NORTH SEDGEWYCK CIR.
City-St-Zip: DAVIE, FL 33331

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ELLEN LAVAN

MGRM

09/19/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date