

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 16 AM 8:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L03000017731

1. Limited Liability Company's Name

ST. GEORGE'S LABORATORY, L.C.

700162842297
11/16/09--01006--012 **377.50
CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

1225 TAMiami TRAIL

Suite, Apt. #, etc.

316

City & State

PORT CHARLOTTE, FLORIDA

Zip

33953

Country

USA

3. Mailing Office Address

10218 BAY AVENUE

Suite, Apt. #, etc.

City & State

ENGLEWOOD, FLORIDA

Zip

334224

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

04/07/04

6. FEI Number

161697131

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

ROBERT CATTERMOLLE

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

10218 BAY AVE

Suite, Apt. #, Etc.

City

ENGLEWOOD

State

FL

Zip Code

334224

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/10/09

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	ROBERT CATTERMOLLE	10218 BAY AVENUE	ENGLEWOOD FL 334224
	REINSTATEMENT	08-09	L. SELLERS NOV 17 2009
			EXAMINER

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am managing member/manager of the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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

Managing Member/Manager

Date

11/10/09

Daytime Phone #

941 743 3755

Typed or printed name of signing Managing Member/Manager ROBERT CATTERMOLLE