

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000026364

FILED
Sep 29, 2006
Secretary of State

Entity Name: PRO-LAB, LLC

Current Principal Place of Business:

1987 CORPORATE SQUARE
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

1987 CORPORATE SQUARE
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 56-2508317 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:

Name and Address of New Registered Agent:

EUSTAQUIO, YOLANDA
1987 CORPORATE SQUARE
LONGWOOD, FL 32750 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: YOLANDA EUSTAQUIO

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: EUSTAQUIO, YOLANDA
Address: 1987 CORPORATE SQUARE
City-St-Zip: LONGWOOD, FL 32750

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

Title: MGR () Delete
Name: AVILA, ALEANDER
Address: 1987 CORPORATE SQUARE
City-St-Zip: LONGWOOD, FL 32750

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

Title: MGRM () Delete
Name: AVILA, PRISCILLA
Address: 1987 CORPORATE SQUARE
City-St-Zip: LONGWOOD, FL 32750

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

I hereby certify that the information supplied with this filing does not qualify for the 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: YOLANDA EUSTAQUIO

MGR

09/29/2006

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