FILED
14 NOV 13 AM 9:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L14000107732

1. Limited Liability Company's Name

Randox Laboratories US LLC

400266483174
11/13/14--01008--008 **500.00

REINSTATEMENT 13-14

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
515 Industrial Boulevard	515 Industrial Boulevard
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Kearneysville	Kearneysville
City & State	City & State
West Virginia	West Virginia
Zip: 25430 Country: USA	Zip: 25430 Country: USA

4. State/Country of Formation: WV

5. Date Organized or Qualified To Do Business in Florida: 03/09/2010.

6. FEI Number: 27-2073452 ☐ 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: Mr Pankaj Sinha.

Street Address (P.O. Box Number is Not Acceptable): 846 Ashbrooke Court

Suite, Apt. #, Etc.:

City: Lake Mary State: FL Zip Code: 32746

NOV 14 2014
A. DUNLAP

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Pankaj Sinha Date: 10-29-2014.
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
DIR	DR S.P. Fitzgerald	515 Industrial Boulevard Kearneysville	WV 25430
FC	Mr Darin McKeown	515 Industrial Boulevard Kearneysville	WV 25430.

11. E-mail Address: darin.mckeown@randox.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or 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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: [signature] Date: 10-29-2014 Daytime Phone #: (304) 728 2880

Typed or printed name of signing Authorized Representative/Manager: DR S. P. Fitzgerald