

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 22 AM 11:36

DOCUMENT # L52563

1. Corporation Name

LABTRADE, INC.

REINSTATEMENT

04-05

2. Principal Office Address 6157 NW 167TH STREET Suite, Apt. #, etc. B26 (F-26) City & State MIAMI, FL. Zip 33015 Country USA		3. Mailing Office Address 6157 NW 167TH STREET Suite, Apt. #, etc. B20 City & State MIAMI, FL. Zip 33015 Country USA	
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CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida 02/03/1990	
5. FEI Number 65-0187255	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name MARIA P CRISTANCHO		600062356616	
Street Address (P.O. Box Number is Not Acceptable) 6157 NW 167TH STREET		12/22/05-01042-027 **500 00	
Suite, Apt. #, Etc. B26 F-26			
City MIAMI, FL.	State FL	Zip Code 33105	

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/13/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPST	MARIA P CRISTANCHO	6157 NW 167TH STREET STE B20	MIAMI, FL. 33015

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature]

✓

12/13/05

12/13/05