MD900004284

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

REINSTATEMENT
2010-2012

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT
THE CENTER FOR TOXICOLOGY AND ENVIRONMENTAL HEALTH,

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$516.25

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EXAMINER
APR 13 2012

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TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/11)

DOCUMENT # M09000004284

1. Limited Liability Company's Name

The Center for Toxicology and Environmental Health, L.L.C.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2358 Riverside Avenue		2358 Riverside Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
#304		#304	
City & State		City & State	
Jacksonville		Jacksonville	
Zip	Country	Zip	Country
32204	United States	32204	United States

4. State/Country of Formation
Arkansas, United States

5. Date Organized or Qualified To Do Business in Florida 10/29/2009

6. FEI Number
62-167936
☐ 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
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City	State	Zip Code
Plantation	FL	33324

E-mail Address:
jross@cteh.com
(To be used for future annual report notices)

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 Madonna Cuddihy Special Assistant Secretary Date 4/11/12
REGISTERED AGENT MUST SIGN

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.	John E. Ross	5120 North Shore Drive	North Little Rock, AR 72118

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0108, 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 in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager Date 04/05/2012 Daytime Phone # (501) 801-8500

Typed or printed name of signing Managing Member/Manager John E. Ross

FL110 - 01/19/2011 C T System Online