PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED

2019 JUN 12 PM 1:13

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M18000002619

1. Limited Liability Company's Name
Access Dx Laboratory, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
10301 Stella Link Rd	10301 Stella Link Rd
Suite, Apt. #, etc. Suite C	Suite, Apt. #, etc. Suite C
City & State Houston, TX	City & State Houston, TX
Zip / Country 77025 / US	Zip / Country 77025 / US

CR2E041 (1/14)

4. State/Country of Formation
TEXAS

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number
32060618249
☐ 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
Capitol Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable) Suite
515 E Park Ave

Apt. #, Etc
Floor 2

City / State / Zip Code
Tallahassee / FL / 32301

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: Kim Tadlock
Kim Tadlock, Asst. Sec. on behalf of Capitol Corporate Services, Inc.
REGISTERED AGENT MUST SIGN

Date: 6/11/19

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
Administrator	Talandra Coffey	10301 Stella Link Rd Suite C	Houston, TX 77025
Administrator	Harshi Dharma	10301 Stella Link Rd Suite C	Houston, TX 77025

11. E-mail Address: talandra.coffey@accessdxlab.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 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: [signature] Date: 6/10/19 Daytime Phone #: 832-250-5335

Typed or printed name of signing authorized representative/member: Talandra Coffey

ok to update(admin) via fil. T MOORE JUN 14 2019

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CAPITOL SERVICES

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Filing Cover Sheet

To: Florida Division of Corporations

From: TAYLOR SEAY C/O Capitol Services, Inc.

Date: 6/11/2019

Trans#: 1056707

Entity Name: ACCESS LABORATORY, LLC – M18000002619

Articles Incorporation ( )
Articles of Amendment ( )
Articles of Dissolution ( )
Annual Report ( )
Conversion ( )
Fictitious Name ( )
Foreign Qualification ( )
Limited Liability ( )
Limited Partnership ( )
Merger ( )
Reinstatement (XX)
Withdrawal / Cancellation ( )
Other ( )

STATE FEES PREPAID WITH CHECK#1526 FOR $238.75

PLEASE RETURN:

Certified Copy ( ) **Plain Photocopy (XX)**

Good Standing ( ) **Certificate of Fact ( )**

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