

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 DEC 17 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000005315

1. Corporation Name

Fuller Analytical Services, Inc.

2. Principal Office Address - No P.O. Box #

31 Poquito Road

Suite, Apt. #, etc.

City & State

Shalimar, Florida

Zip
32579

Country
USA

3. Mailing Office Address

31 Poquito Road

Suite, Apt. #, etc.

City & State

Shalimar, Florida

Zip
32579

Country
USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

January 10, 2000

5. FEI Number
59-3621186

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
H. Bart Fleet

Street Address (P.O. Box Number is Not Acceptable)
1283 N. Eglin Parkway

Suite, Apt. #, Etc.

Suite A

City
Shalimar

State
FL

Zip Code
32579

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date

12/10/07

REGISTERED AGENT MUST SIGN

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
P/T/D	Patricia Thomas Fuller	18 Philip Street	Hudson/MA/01749
V/D	Robert L. Fuller	31 Poquito Road	Shalimar/FL/32579

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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 contained in Chapter 119, 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:

Robert L. Fuller

Robert L. Fuller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/11/07

850-651-0275

Daytime Phone #

DEC 17 2007