

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 NOV 13 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000013679

**1. Corporation Name**

PROFESSIONAL MEDICAL LAB INC

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

5975 SW 8 ST

Suite, Apt. #, etc.

**3. Mailing Office Address**

1732 S. Congress Ave

Suite, Apt. #, etc.

310

**City & State**

Miami

**City & State**

West Palm Beach

**Zip**

33144

**Country**

DADE

**Zip**

FL

**Country**

33461

**4. Date Incorporated or Qualified  
To Do Business in Florida**

02/08/2000

**5. FEI Number**

26-1366608

**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 AGUEDA M. ALCANTARA

Street Address (P.O. Box Number is Not Acceptable)

5509 THURSTON AVE

Suite, Apt. #, Etc.

City LAKE WORTH

State FL

Zip Code

33463

☒ 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

Agueda Alcantara

REGISTERED AGENT MUST SIGN

Date

9/4/07

**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	AGUEDA M. ALCANTARA	5509 THURSTON AVE	LAKE WORTH, FL 33463

000112388470

11/18/07--01055--015 \*\*1050.00

REINSTATEMENT

01-07

**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:

Agueda Alcantara

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/4/07

ECFS

EXPRESS CORPORATE FILING SERVICE, INC  
1000 PONCE DE LEON BLVD., STE: 101  
CORAL GABLES, FL 33134  
PH: (305)444-4994 FAX: (305)444-4977

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. PROFESSIONAL MEDICAL LAB INC P00000013679  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input checked="" type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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OFFICE OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Examiner's Initials