

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

02 DEC -3 AM 10:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *PO1000035474*

1. Corporation Name

*LABS SERVICE INC*

2. Principal Office Address

*2863 COMMONWEALTH AVE*

Suite, Apt. #, etc.

3. Mailing Office Address

*SAME*

Suite, Apt. #, etc.

City & State

*JACKSONVILLE FL*

City & State

*SAME*

Zip

*32254*

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

*4/2004*

5. FEI Number

*54-3251944*

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

*FRANCIOSA DEAL*

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

*2863 COMMONWEALTH AVE*

Suite, Apt. #, Etc.

City

*JACKSONVILLE*

State  
**FL**

Zip Code

*32254*

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 *12-2-02*

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
PRESIDENT	FRANCIOSA DEAL	2863 COMMONWEALTH AVE	JACKSONVILLE, FL 32254
VP	Shirley Clark	2863 COMMONWEALTH AVE	JACKSONVILLE, FL 32254

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:

*Shirley Clark*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*12-2-02*

Daytime Phone #

CR2E081 (9/01)

*12/6*

# LABS SERVICE INC

2863 Commonwealth Ave  
Jacksonville, FL 32254

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Phone (904) 389-5024  
Fax (904) 381-0654

December 2, 2002

Florida Department of State  
Katherine Harris  
Secretary of State

**Re: Document # P01000035474**

Dear Sir or Madam:

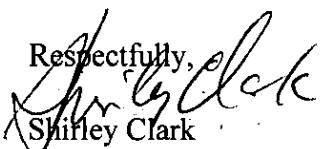
This is a request for reinstatement corporation status for LABS SERVICE INC, and I am also requesting that for the late fees to be waived.

I filed my report back in April of this year and submitted a check in the amount of \$150.00, which was cashed. However, I received a letter in the Month of May (see attached) requesting additional information.

I sent this information back to you within the 30-day period but **did not receive anything from your office since confirming that you have received it.** I am attaching a copy of the report that I sent back to you in the month of June.

I do hope that you will some how be able to take care of this situation so that my company can be reinstated and returned to into **active status.**

Respectfully,

  
Shirley Clark

LABS SERVICE INC