

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000076304

1. Entity Name  
KEYSTONE ANALYTICAL, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR -9 PM 3:02



03202008 REIN-P CR2E098 (1/07)

Principal Place of Business  
11190 BISCAYNE BLVD.  
MIAMI, FL 33181

Mailing Address  
11190 BISCAYNE BLVD.  
MIAMI, FL 33181

2. Principal Place of Business - No P.O. Box #

504 CARNEGIE CTR.

Suite, Apt. #, etc.

3. Mailing Address

504 CARNEGIE CTR.

Suite, Apt. #, etc.

City & State

PRINCETON NJ

Zip  
08540

Country  
USA

City & State

PRINCETON NJ

Zip  
08540

Country  
USA

4. FEI Number

23-3089244

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE VD ☒ Delete  
NAME HOLMES, GREGORY B DR.  
STREET ADDRESS 11190 BISCAYNE BLVD.  
CITY-ST-ZIP MIAMI, FL 33181

TITLE PD ☐ Delete  
NAME XU, ALLAN DR.  
STREET ADDRESS 11190 BISCAYNE BLVD.  
CITY-ST-ZIP MIAMI, FL 33181

TITLE T ☒ Delete  
NAME NATAN, DAVID  
STREET ADDRESS 11190 BISCAYNE BLVD.  
CITY-ST-ZIP MIAMI, FL 33181

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VICE PRESIDENT, CHAIRMAN (C.D.) ☐ Change ☒ Addition  
NAME JEFFREY P. McMULLEN  
STREET ADDRESS 504 CARNEGIE CTR.  
CITY-ST-ZIP PRINCETON NJ 08540

TITLE T DIRECTOR ☐ Change ☒ Addition  
NAME JOHN P. HAMILL  
STREET ADDRESS 504 CARNEGIE CTR.  
CITY-ST-ZIP PRINCETON NJ 08540

TITLE EXECUTIVE VP, DIRECTOR ☐ Change ☒ Addition  
NAME MARK DI IANNI  
STREET ADDRESS 504 CARNEGIE CTR.  
CITY-ST-ZIP PRINCETON NJ 08540

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/21/08

6099516800