

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

"FILED"  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 MAY 21 AM 8:00

DOCUMENT #

P01000107415

1. Corporation Name

LAB MEDICS CORP.

**REINSTATEMENT** 03-04

2. Principal Office Address

7500 N.W. 54th ST

Suite, Apt. #, etc.

3. Mailing Office Address

7500 N.W. 54th Street

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33166

Country

U.S.A.

Zip

33166

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

11/07/2001

5. FEI Number

65-1151708

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

William Gonzalez

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

7500 N.W. 54 Street

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33166

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

REGISTERED AGENT MUST SIGN

Date

05/19/2004

**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	Julio Cesar Gonzalez	7500 NW, 54th Street	Miami, FL, 33166
S/D	Julio Cesar Gonzalez	7500 NW, 54th Street	Miami, FL, 33166
T/D	Julio Cesar Gonzalez	7500 NW, 54th Street	Miami, FL, 33166

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

05/19/2004

Daytime Phone #

(305) 597-9480

2072

May 19, 2004  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314.

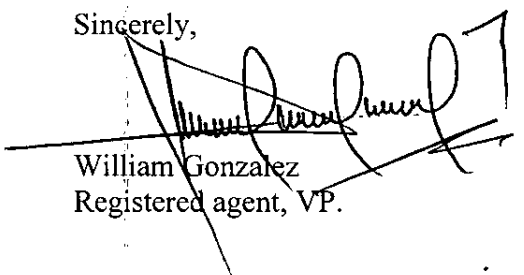
SUBJECT: REINSTATEMENT FOR LABMEDICS INC.

*Ref. 2003 UBR*

Please, be aware that this corporation is inactive because we did not receive the annual report form, and we could not make the necessary payments on time. We talk with a customer services representative, and she told us to send a payment for \$300.00 for years 2003 and 2004 and to fill up the reinstatement form, so we can avoid the \$600.00 penalties.

If you have any question, please, contact me at the new address:  
7500 NW 54<sup>th</sup> st. Miami, Fl 33166, or call us to ph: 305-597-9480; Fax: 305-597-9491.

Sincerely,



William Gonzalez  
Registered agent, VP.