

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT 21 AM 8:54

DOCUMENT # **P02000007170**

1. Corporation Name

**PATHOLOGY SOLUTIONS, INC.**

Principal Place of Business

Mailing Address

2070 DIAMOND CT  
OLDSMAR FL 34677

2070 DIAMOND CT  
OLDSMAR FL 34677

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

9/15/03 90161 028 #550.00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

01/15/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

41-2027439

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P Mr.	MICHAEL LEWANDOWSKI	2070 DIAMOND CT. OLDSMAR, FL 3	OLDSMAR, FL 34677
V.P. Ms.	DAYLE LEWANDOWSKI	2070 DIAMOND CT.	OLDSMAR, FL 34677

100021604171  
11/12/03--01014--008 \*\$8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEWANDOWSKI, DAYLE  
2070 DIAMOND CT  
OLDSMAR FL 34677

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent *Dayle Lewandowski*  
REGISTERED AGENT MUST SIGN

Date 10-13-03

11. 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: *Michael Lewandowski*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/03 727 771 6218  
Date Daytime Phone #

CR2E040 (7/03)