

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 DEC 19 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **002000062861**

1. Corporation Name

**FORTBENTON LABORATORIES SA, INC.**

UPDATED ADDRESS

2. Principal Office Address

**2033 W. McNAUL RD**

Suite, Apt. #, etc.

**BAYS E & H**

City & State

**Pompano Beach, FL**

Zip

**33069**

Country

**Broward**

3. Mailing Office Address

**(SAME)**

Suite, Apt. #, etc.

**(SAME)**

City & State

**(SAME)**

Zip

**(SAME)**

Country

**(SAME)**

REINSTATEMENT  
CR2E081 (12/05)

**05-06**

4. Date Incorporated or Qualified  
To Do Business in Florida

**6/6/02**

5. FEI Number

**270015255**

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

**ALAN D STUPARITZ**

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

**900 E. Atlantic Blvd.**

Suite, Apt. #, Etc.

**#17**

City

**Pompano Beach**

State

**FL**

Zip Code

**33060**

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

**Alan Stuparitz**

Date

**12/12/2006**

REGISTERED AGENT MUST SIGN

**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/D	ALFREDO D. GOMEZ	824 SE 8 <sup>th</sup> ST, Ft. Lauderdale	Ft. Lauderdale, FL 33316
V/D	LAURA E. SMITH	824 SE 8 <sup>th</sup> ST	Ft. Lauderdale, FL 33316

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:

**Laura E. Smith**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12-13-06**

Date

**954-462-1378**

Daytime Phone #

**FORTBENTON LABORATORIES S.A., INC.**

December 14, 2006

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: Corporation Reinstatement**

To Whom It May Concern:

I was asked to attach a letter explaining that we had moved almost two years ago, hence we never received the notices of filing. Please make note of our new address.

Enclosed is a check for \$300.00 (Three-Hundred Dollars) for the corporation reinstatement fee and to get **Fortbenton Laboratories S.A., Inc.** up to date with all its filings.

Should there be something we are missing kindly inform us at the below address and phone number so we can expedite whatever monies or paperwork are required to get us fully up to date with the State of Florida.

In advance, we thank you for your cooperation in reinstating our company.

Sincerely,

Laura E. Smith  
Director / Vice President

Address:  
2033 W. McNab Road  
Bays G & H  
Pompano Beach, FL 33069  
Tel: 954.968.4222  
Fax: 954.968.7102