PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAY 10 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name
LabSites Inc
P02000067046

REINSTATEMENT: 03-05

2. Principal Office Address	3. Mailing Office Address
5517 Seattle Slew Drive	5517 Seattle Slew Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wesley Chapel	City & State: Wesley Chapel
Zip: 33544 Country: USA	Zip: 33544 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 6-18-02

5. FEI Number: 42-1540319 ☐ 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: Business Filings Incorporated

Street Address (P.O. Box Number is Not Acceptable): 1203 Govenors Square Blvd. Ste. 101

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Suite, Apt. #, Etc.

City: Tallahassee State: FL Zip Code: 32301-2960

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: Mark Schiff, AVP Business Filings Incorporated Mark Schiff, AVP
REGISTERED AGENT MUST SIGN

Date: 4-25-05

CR2E061 (01/05)

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	Heather Galler	3824 SW 2nd Lane		Cape Coral/FL/33991
V/D	Scott Glasgow	27104 Hollybrook Trail		Wesley Chapel/FL/33543
S/D	Linda James	5517 Seattle Slew Drive		Wesley Chapel/FL/33544
T	Wendy Glasgow	27104 Hollybrook Trail		Wesley Chapel/FL/33543

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 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: Wendy Glasgow Wendy Glasgow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05
Date

800-886-6082
Daytime Phone #

9/17a0