

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 15 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P02000081840*

1. Corporation Name

Reagent Supply Company, Inc.

REINSTATEMENT 03-04

2. Principal Office Address

32 Old Oak Drive South

Suite, Apt. #, etc.

City & State

Palm Coast, FL

Zip

32137

Country

Flager

3. Mailing Office Address

32 Old Oak Drive South

Suite, Apt. #, etc.

City & State

Palm Coast, FL

Zip

32137

Country

Flager

4. Date Incorporated or Qualified
To Do Business in Florida

07/29/2002

5. FEI Number

52-2372431

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 C. Britton

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

32 Old Oak Drive South

Suite, Apt. #, Etc.

City

Palm Coast

State

FL

Zip Code

32137

400030303564

*03/11/04--01037--007 **308 75*

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

William C. Britton

Date

3/8/04

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
<i>Pres</i>	<i>William C. Britton</i>	<i>32 Old Oak Drive South</i>	<i>Palm Coast, FL 32137</i>

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:

William C. Britton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/8/04

Daytime Phone #

(386) 446-6421

CR2E081 (01/04)