

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN 21 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000134247

1. Corporation Name

TECHBEL ANALYTICAL SERVICES, INC.

2. Principal Office Address - No P.O. Box #

11904 MIRAMAR PKWY

3. Mailing Office Address

11904 MIRAMAR PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIRAMAR FL

City & State

MIRAMAR FL

Zip

33025

Country

USA

Zip

33025

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/18/2003

5. FEI Number

20-0406538

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CPC ACCOUNTING SERVICES

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

11904 MIRAMAR PKWY

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33025

REINSTATEMENT 08-10

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

6/17/10

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
PS	INNER E. BELIS	11904 MIRAMAR PKWY	MIRAMAR FL 33025
D	BEATRIZ CAPRILES	11904 MIRAMAR PKWY	MIRAMAR FL 33025

10. E-mail Address: leatrios@cpcaccounting.com
(To be used for future annual report notification)

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. I further certify, 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] INNER E. BELIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/19/10 9544428771

Daytime Phone #