

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUN 25 PM 12:37

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO4000112033**

1. Corporation Name

SUNRISE CLINICAL LABORATORY, Inc.

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

21216 OLEAN BLVD, #3

Suite, Apt. #, etc.

#3

3. Mailing Office Address

21216 OLEAN BLVD.

Suite, Apt. #, etc.

#3

City & State

PORT CHARLOTTE, FL

Zip

33952

Country

USA

City & State

PORT CHARLOTTE, FL.

Zip

33952

Country

USA

REINSTATEMENT 06-08

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

07/29/2004

5. FEI Number

201064340

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

KEMAL, MIFTAH

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

26058 PAYSANDU DR.

Suite, Apt. #, Etc.

City

PUNTA GORDA

State

FL

Zip Code

33983

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Miftah Kemal
REGISTERED AGENT MUST SIGN

Date

6-21-2008

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
PRESIDENT	- MIFTAH KEMAL	26058 PAYSANDU DR	PUNTA GORDA, FL 33983
Vice President Treasurer Secretary	TASWEER A. MEMON	22 N. PHEASANT WAY	ABBOTS TOWN, PA 17301 800131693318 06/25/08--01038--010 **1058.75 6/25

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:

MIFTAH KEMAL
Miftah Kemal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-21-2008

Date

941-626-6908

Daytime Phone #