

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000022893

FILED  
Sep 30, 2009  
Secretary of State

Entity Name: FIRST QUALITY LABORATORY, INC.

**Current Principal Place of Business:**

11460 INTERCHANGE CIRCLE NORTH  
MIRAMAR, FL 33025

**New Principal Place of Business:**

**Current Mailing Address:**

11460 INTERCHANGE CIRCLE NORTH  
MIRAMAR, FL 33025

**New Mailing Address:**

FEI Number: 01-0857895

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PEREZ, MAILIN  
8844 NW 147TH LANE  
MIAMI, FL 33018 US

**Name and Address of New Registered Agent:**

GARCIA, MARIA  
11460 INTERCHANGE CIRCLE NORTH  
MIRAMAR, FL 33025 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LUZ F GARCIA

09/30/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: GARCIA, MARIA M  
Address: 8260 SW 102 ST  
City-St-Zip: MIAMI, FL 33156

Title: S ( ) Delete  
Name: MARTIN, REBECA  
Address: 15577 NW 83 CT  
City-St-Zip: MIAMI, FL 33016

Title: P (X) Delete  
Name: PEREZ, MAILIN  
Address: 8844 NW 147 LN  
City-St-Zip: MIAMI, FL 33018

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: GARCIA, MARIA M  
Address: 11460 INTERCHANGE CIRCLE NORTH  
City-St-Zip: MIRAMAR, FL 33025

Title: VP (X) Change ( ) Addition  
Name: GARCIA, LUZ F  
Address: 11460 INTERCHANGE CIRCLE NORTH  
City-St-Zip: MIRAMAR, FL 33025

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARCIA, LUZ F

P

09/30/2009

Electronic Signature of Signing Officer or Director

Date