## APPRUVE. AND PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION STATEMI					DEPÁR Secretar sion of c	y of S	tate	STATE			06 MAY SECRE ALLAF	TARY	OF S	TAT	٢	
DOCUMENT # PD982D  1. Corporation Name  Me DCO/Centralab, Inc. Clo Philips Electronics 1251 Avenue of the Americas, 20th F1 New York, NY 10020											05/2 51	000 26/06- 000 5/06	-010 75	47( 37	)10 73	** 369	150.00
2. Principal Office Address  Suite, Apt. #, etc.					3. Mailing (1)				EN	1ED	ĮŢ.	05	- 06				
Suite, Apt. #, etc.					· · · 20th	4. Date Incorporated or Qualified Incorporated 4/30/24 To Do Business in Florida Qualified: 4/17/86											
City & State				New York NY					5. FEI Number   Applied For   13 - 32 6 72 41   Not Applicable								
Zip	Country			Zip 1002		Country			6.							Fee required	
	7. Name and Address of Current Registered Agent																
8. I, being Signature of Registered	Street Addr	ess (P.C 20   #, Etc.	Ha Ilah	ys ass	e e named corp					° <sup>.bl</sup> Düni Presi	•	State FL on 607.0505	_	230		26	
9. Names	and Street Ac	ldresses	s of Each Of	ficer and	or Director (FI	orida nonnr	ofit corne	rations m	ust list at l	least 3 dire	ctors)						
Titles	Name of Officers and/or Directors				Street Address of Each Officer and/or Director												
Pres.	w. The	mus	CM.	Gni	enhuper	1251	Aven	me o	4 the	Aresia	a5	New	Yor	k N	14	روه	.O
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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:  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Date  Date  Date																	