

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000073048

**Entity Name:** BIOLINE DIAGNOSTICS INC

**FILED**  
**Nov 01, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6157 NW 167TH ST  
F-26  
MIAMI, FL 33015

**New Principal Place of Business:**

**Current Mailing Address:**

6157 NW 167TH ST  
F-26  
MIAMI, FL 33015

**New Mailing Address:**

**FEI Number:** 27-3407502

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TRICARICO, PASCUAL  
6157 NW 167TH ST  
STE F-26  
MIAMI, FL 33015 US

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

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:** PASCUAL TRICARICO

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** TRICARICO, PASCUAL  
**Address:** 6157 NW 167TH ST STE F-26  
**City-St-Zip:** MIAMI, FL 33015 US

I hereby 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 all other like empowered.

**SIGNATURE:** PASCUAL TRICARICO

D

11/01/2011

Electronic Signature of Signing Officer or Director

Date