

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 18 PM 1:54

DOCUMENT # **P93000019976**

1. Corporation Name

**Triangle Testing LAB, Inc.**

**REINSTATEMENT**

**02-06**

CR2E081 (12/05)

2. Principal Office Address

**13415 Southern Blvd 6483 Royal Palm Bch Blvd**

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

**LOXAHATCHEE FL.**

City & State

**W. Palm Bch, FL.**

Zip

**33470**

Country

**USA**

Zip

**33412**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**3-12-93**

5. FEI Number

**650407304**

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

**ROBERT D. WHITEHEAD**

**900080029349**

**09/21/06--01032--004 \*\*750.00**

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

**6483 Royal Palm Beach Blvd.**

Suite, Apt. #, Etc.

City

**West Palm Beach**

State

**FL**

Zip Code

**33412**

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]**

Date

**09/12/06**

REGISTERED AGENT MUST SIGN

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
PD	WHITEHEAD, ROBERT D.	6483 Royal Palm Bch Blvd.	W. Palm Bch, FL 33412
VP	CHRIS GALLEY	6559 Royal Palm Bch Blvd.	W. Palm Bch, FL 33412
VP	Rick Boyette	4031 Coconut Blvd. Royal Palm Bch, FL	33411

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

**9/12/06**

Date

**501-798-3966**

Daytime Phone #