PLEASE READ A	ALL INSTRUCTI	ONS BEFO	RE C	OMPLET	ING THIS FO	PRM.	,- ' ' ' ' '
APPLICATION OF FOR O		TMENT OF S  Mortham  ry of State	TATE		_		
REINSTATEMENT 2000 CORPORATIONS				FILED			
DOCUMENT # 49300 00 60 70 7				98 APR 23 PH 12: 02			
1. Corporation Name Science and ARTS VenTAL LABORATORY IN			y Inc				
Science with				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address							
7511 WinchesTER DR.							
TAMPA, FL 33615							
# above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable							<del></del> 1
					orated or Qualified ness in Florida	PRIL-	26-1993
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. FEI Number			Applied For
City & State	City & State			57-3 6.	194757	(00.75	Not Applicable
Zip Country	Zip	Country		**	OF STATUS DESIRED		ional Fee required ificate of Status
7. Names and Street Addresses of Each Officer and/o	or Director (Florida nonprofit	•		st 3 directors)			
Title(s) Name of Officers Street Address of Each Officer and/or Directors Officer and/or Director 3 (Do NOT Use Post Office Box N				umbers)	4	City / State / Zip	
			·050	a) Raga	TAMPA,	r/ 23	5625
I SMAFINA I CA	SANAS	2 1101002		.0 (1040	1411174		,,,,,
V HEETOR F. LOPEZ 7505 Winchester				DR.	TAMPA 1	FC 3	3615
T HUGO A CASANAS 11302 HENDER			ERSC	N ROAD	TAMPA	FL 3	3 <b>62</b> 5
						00-98	
	REI			NSTATEMENT 1323/18			
				1000025040014 -04/28/9801120012			
8. Name and Address of Current Registered Agent					ddress of New Regis		
Name Hea				TOR	LOPEZ		1,98)
			dress (P.	440.	is Not Acceptable)	80.	CR2E040 (198
Suite, Apt. #, Etc				Wine	-71 E 3 7 GC	,,,,,	
New Agent City Tami				4		State Zip Co	ode 36/5
10. I, being appointed the rehistered agont of the above ramed corporation, am familiar with and accept the obligations of Section 607.0505, F.S.							~
Signature of Registered Agent MUST SIGN					Date 1/2	0-7	8
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No No (See other side for information on intangible tax.)							
12. 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 under section 119.07(3)(i), 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: Scrafmin J Casacias 4-20-98=813-888-6685  SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date Destrict Phone #							

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