

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000043585

1. Corporation Name

SUNCOAST LABORATORIES, INC.

Principal Place of Business

Mailing Address

1301 SAWGRASS CORP PKWY  
SUNRISE FL 33323  
US

1301 SAWGRASS CORP PKWY  
SUNRISE FL 33323  
US

If 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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/21/1993

5. FEI Number

65-0423082

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	MINSKI, MEYER	1301 SAWGRASS CORP PKWY	SUNRISE FL 33323
VDS	MINSKI, JOSE	1301 SAWGRASS CORP PKWY	SUNRISE FL 33323
VD	WHITE, ROBERT	1301 SAWGRASS CORP PKWY	SUNRISE FL 33323
VD	MINSKI, RUBEN	1301 SAWGRASS CORP PKWY	SUNRISE FL 33323
			400003851194--1 -03/13/01--01105--006 *****900.00 *****900.00

8. Name and Address of Current Registered Agent

ROSEN, LAWRENCE N  
133 SEVILLA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

GMI PRODUCTS INC

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

1301 SAWGRASS CORPORATE PKWY

Suite, Apt. #, Etc.

City

SUNRISE

State

FL

Zip Code

33323

CR2E040 (8/00)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent MIGUEL GONTOVNIK

REGISTERED AGENT MUST SIGN

Date 2/21/01

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE Minski

Date

10/12/00

Daytime Phone #

954-223-3300