

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 93000078317

1. Corporation Name

pH Laboratories, Inc.

2. Principal Office Address - No P.O. Box #

6217 WOODLAKE
Suite, Apt. #, etc. RD.

3. Mailing Office Address

6217 WOODLAKE
Suite, Apt. #, etc. RD

City & State

Jupiter FL

City & State

Jupiter FL

Zip

33458

Country

USA

Zip

33458

Country

USA

7. Name and Address of Current Registered Agent

Name Thomas G. Bongard

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

6217 WOODLAKE RD

Suite, Apt. #, Etc.

City Jupiter

State

FL

Zip Code

33458

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

REGISTERED AGENT MUST SIGN

Date

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
PO	Thomas G Bongard	6217 WOODLAKE RD	Jupiter, FL 33458
MDS	Barbara J Bongard	6217 WOODLAKE RD	Jupiter FL 33458
TD	Tyrene Bongard	6217 WOODLAKE RD	Jupiter FL 33458

205/18

10. E-mail Address: brbbongard@aol.com

(To be used for future annual report notification)

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. I further certify, 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:

Barbara J. Bongard

Barbara J. Bongard

5/10/10 561 375 1234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 MAY 17 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-10

200180986552
05/17/10--01056--011 **750.00

CR2E081 (4/10)

4. Date Incorporated or Qualified
To Do Business in Florida

3 Nov 1993

5. FEI Number

65-0450554

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

PROFIT CORPORATIONS ONLY

☐ The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.