

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000012209

1. Corporation Name

MED LAB Consultants, Inc.

Principal Place of Business

Mailing Address

444 West 43rd St.
Miami Beach, FL 33140

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable
4825 Delaware Avenue

3. New Mailing Office Address, if Applicable
4825 Delaware Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33140

Country

USA

City & State

Miami Beach, FL

Zip

33140

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/9/94

5. FEI Number

65-0471030

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P.S.T	Hilda R. Mejuto	4825 Delaware Ave.	Miami Beach, FL 33140

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***1253.75 ***1253.75

8. Name and Address of Current Registered Agent

Hilda R. Mejuto
4825 Delaware Avenue
Miami Beach, FL 33140

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Hilda R. Mejuto

REGISTERED AGENT MUST SIGN

Date

7/28/98

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/28/98

Daytime Phone #

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

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