APPLICATION FOR REINSTATEMENT

FOR DIAGNOSTIC RESEARCH LABORATORIES, INC.

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED
97 MAY -1 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation DOCUMENT # P 94000076466 (9)

REINSTATEMENT 96+97 mwp

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address 1445 NE 17TH AV

City and State FT LAUDERDALE FL.

Zip Code 33304

3. Date Incorporated or Qualified To Do Business in Florida

4. FEI Number

FEI Number Applied For
FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Names of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
Pres Sec Treas. Director	TURTURO, FRANK	2615 NE 21st Terrace	Light House Point Fla. 33064
V.P.	Katchis, Louis	6340 SW 69TH AV	MIAMI FL. 33143
Director	Newton, Terry. L.	3935 NW 75TH Terrace	LAUDERHLL FL. 33319
Director	Zarillo, Francis	1951 NE 39TH ST #230	LIGHT HOUSE POINT FL. 33064

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*****923.75 *****923.75

This corporation has liability for intangible tax under section 199.032, Florida Statutes. ☐ Yes ☒ No
For intangible tax information call Department of Revenue 904-488-6800.

REGISTERED AGENT INFORMATION

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name VINCENT FOTI

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number) 1445 NE 17TH AV

City and State FT LAUDERDALE FL. Zip Code 33304

8. 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 _____ Date 4-28-97

REGISTERED AGENT MUST SIGN

9. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: Frank Turturo Pres Date 4-28-97 Phone # 954-782-5036

Typed or printed name of signing officer or director Frank Turturo President