APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED

99 NOV 18 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000087941

1. Corporation Name

LABORATORY OF CLINICAL SERVICES INC.

Principal Place of Business	Mailing Address
1144 PONCE DE LEON CORAL GABLES, FL 33135	1144 PONCE DE LEON CORAL GABLES FL 33135

400003052614--5
-11/23/99--01021--024
****758.75 ****758.75

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
6369 COTTONTAIL ROAD	6369 COTTONTAIL RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI LAKES FL	City & State: MIAMI LAKES FL
Zip: 33014 Country: US	Zip: 33014 Country: US

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0542219 ☐ 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/D	MARITZA CABRERA	6369 COTTONTAIL ROAD	MIAMI LAKES FL 33014

REINSTATEMENT

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
LEDO-SANCHEZ GUSTAVO G. 760 W 75TH ST HIALEAH FL 33014	Name: MARITZA CABRERA Street Address (P.O. Box Number is Not Acceptable): 6369 COTTONTAIL ROAD. Suite, Apt. #, Etc. City: MIAMI LAKES State: FL Zip Code: 3324

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: Maritza Cabrera — REGISTERED AGENT MUST SIGN — Date: 11-17-1999

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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: Maritza Cabrera — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 11-17-1999 — Daytime Phone #: (305)820-3600