

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

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

FILED

01 MAY 22 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000093569

1. Corporation Name

LAB, INC.

2. Principal Office Address

144 EDMERE WAY SOUTH

Suite, Apt. #, etc.

City & State

NAPLES, FLORIDA

Zip

34105

Country

USA

3. Mailing Office Address

C/O SCHMITZ, CORRIGAN, KRAUSE

Suite, Apt. #, etc.

19111 DETROIT RD., STE 201

City & State

ROCKY RIVER, OHIO

Zip

44116

Country

USA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

12/28/1994

5. FEI Number

59-3294105

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SCOTT E. BUTTREY

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

144 EDMERE WAY SOUTH

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34105

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

Scott E. Buttrey

Date **5/15/01**

REGISTERED AGENT MUST SIGN

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
P	BUTTREY, SCOTT E.	144 EDMERE WAY SOUTH	NAPLES, FLORIDA 34105

10. 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:

Scott E. Buttrey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/01

Date

941-213-9383

Daytime Phone #