2012 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 17, 2012
Secretary of State

DOCUMENT# P95000028309

Entity Name: SYNQUEST LABORATORIES, INC.

Current Principal Place of Business:

13201 RACHAEL BLVD
ROUTE 2054
ALACHUA, FL 32615 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 309
ALACHUA, FL 326160309 US

New Mailing Address:

FEI Number: 59-3323091 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ALTY, ADAM C
1911 NW 32ND TERRACE
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ADAM ALTY

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: T
Name: TORU, MIYAUCHI
Address: 13201 RACHEL BLVD
City-St-Zip: ALACHUA, FL 32615

Title: P/S
Name: ALTY, ADAM C
Address: 1911 NW 32ND TERR
City-St-Zip: GAINESVILLE, FL 32605

Title: VP
Name: FRANK, WATERS
Address: 13201 RACHEL BLVD
City-St-Zip: ALACHUA, FL 32615

Title: D
Name: SEIJI, KONISHI
Address: 13201 RACHEL BLVD
City-St-Zip: ALACHUA, FL 32615

Title: D
Name: MASAMICHI, MARUTA
Address: 13201 RACHEL BLVD
City-St-Zip: ALACHUA, FL 32615

Title: D
Name: MICHIO, ISHIDA
Address: 13201 RACHEL BLVD
City-St-Zip: ALACHUA, FL 32615

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ADAM ALTY P 10/17/2012

Electronic Signature of Signing Officer or Director — Date