PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
13 APR 16 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09-13

REINSTATEMENT

DOCUMENT # P96000103111

1. Corporation Name

EQ LABS, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
11226 Pentland Downs St	11226 Pentland Downs St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Las Vegas NV	City & State: Las Vegas NV
Zip: 89141 Country:	Zip: 89141 Country:

CR2E081 (11/10) APR 16 2013

T. SCOTT

4. Date Incorporated or Qualified To Do Business in Florida: 12/20/1996

5. FEI Number: 593421936 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED: No — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: VCorp Services, LLC

Street Address (P.O. Box Number is Not Acceptable): 5011 South State Road 7, Suite 106

Suite, Apt. #, Etc.:

City: Davie State: FL Zip Code: 33314

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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: _____ Isaac Muller, Manager of Vcorp Services, LLC Date 3-27-13
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	Maurice Owens	11226 Pentland Downs St	Las Vegas NV 89141
D	Kenneth Bosket	11226 Pentland Downs St	Las Vegas NV 89141
T	Lowell Holden	11226 Pentland Downs St	Las Vegas NV 89141
S	Montse Zaman	11226 Pentland Downs St	Las Vegas NV 89141
D	Westbrook Kaplan MD	11226 Pentland Downs St	Las Vegas NV 89141
D	Darryl Rouson	11226 Pentland Downs St	Las Vegas NV 89141

10. E-mail Address: mo@drinkeq.com
(To be used for future annual report notification)

11. 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 617.155, F.S.

SIGNATURE: _____ 3-27-13 702-506-5943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #