

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 26 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000037115

1. Corporation Name

RCTLAB INC.

2. Principal Office Address

11605 PERKLE RD

Suite, Apt. #, etc.

City & State

LAKE LAND, FL

Zip

33809-1059

Country

US

3. Mailing Office Address

11605 PERKLE RD

Suite, Apt. #, etc.

City & State

LAKE LAND, FL

Zip

33809-1059

Country

US

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

04/24/97

5. FEI Number

59-3464567

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

Ross, Preston A.

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

11605 PERKLE RD

Suite, Apt. #, Etc.

City

LAKE LAND

State

FL

Zip Code

33809-1059

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

P. A. Ross

REGISTERED AGENT MUST SIGN

Date 12/22/03

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/S/M	Ross, Preston A.	11605 PERKLE RD	LAKE LAND, FL. 33809-1059

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:

P. A. Ross

Preston A. Ross

12/22/03

863-815-9678

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

From: RCTLAB Inc.
Preston Ross, President
11605 Perkle Rd.
Lakeland, Fl. 33809-1059

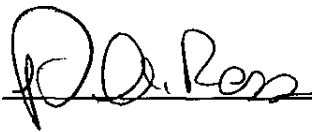
To: Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Doc. Number: P97000037115
Subject: Waiver of late fees requested for the Reinstatement of RCTLAB Inc.

The 2003 UBR was filed & paid for via credit card on May 01, 2003, at www.sunbiz.org. An online Filing/Document Number was generated for this transaction, but at this time it cannot be located. ~~There is no evidence of the \$150.00 filing fee being subtracted from my credit card.~~ I am under the assumption that the filing was rejected for some reason.

Although this is my fault for not following up the transaction to verify that the payment made and subtracted from my account in a timely fashion, I would appreciate any effort to waive the late fees associated with the reinstatement application. Enclosed, as instructed, is a completed Reinstatement application and a check for \$150.00

Sincerely,



Preston A. Ross, President RCTLAB Inc.