

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 18 PM 2:01

DOCUMENT # P98000047602

1. Corporation Name

TECHLABS, INC.

2. Principal Office Address

8905 KINGSTON PIKE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 307

Suite, Apt. #, etc.

City & State

KNOXSVILLE, TN

City & State

Zip

37923

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/26/98

5. FEI Number

650843965

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name

JOEL BERNSTEIN

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

2666 TIGERTAIL AVE.

Suite, Apt. #, Etc.

SUITE 104

City

MIAMI

State

FL

Zip Code

33133

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

3/5/05

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
PD	JAYME DORROUGH	8905 KINGSTON PIKE, STE307	KNOXSVILLE, TN 37923

400049167104
03/29/05--01002--012 **1050.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jayne Dorrough, President

Date

3/15/05 (215) 243-8044

Daytime Phone #

CRZ001 (01/05)