P98000063520

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

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

FILED
00 MAR -8 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000063520

1. Corporation Name

MEDSPORT LABORATORIES INC

2. Principal Office Address	3. Mailing Office Address
8196 WOODLAND CTR. BVD.	POB 5078
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FL	City & State: PORT CHARLOTTE FL
Zip: 33614 Country: US	Zip: 33948 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 7/17/1998

5. FEI Number: 65-0858831 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED: X

7. Name and Address of Current Registered Agent

500003171875--1
-03/15/00--01 02--011
****300.00 ***300.00

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

900003171879--9
03/15/00--01 02--012
******8.75 *****8.75

Suite, Apt. #, Etc.

City: Tallahassee | State: FL | Zip Code: 32301

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: Laura R. Dwyer Date: 3/8/00

REGISTERED AGENT MUST SIGN

CAUTION (1998)

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
PRES	MARTIN R. HUXSTER	3520 MIDDLETOWN ST	PORT CHARLOTTE FL 33952
VP & TREAS	DEAN R. DEGROSS	1777 TAMIAMI TRAIL #505	PORT CHARLOTTE FL 33948
SEC.	MICHAEL R. MCKINLEY	18401 MURDOCK CIR.	PORT CHARLOTTE FL 33948

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: MARTIN R. HUXSTER 3/7/00 941 255 1496

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AJR

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 610865 8796A

AUTHORIZATION :

COST LIMIT : $ PPD

FILED
00 MAR -8 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : March 3, 2000

ORDER TIME : 12:10 PM

ORDER NO. : 610865-010

CUSTOMER NO: 8796A

CUSTOMER: Mr. William Schifino
Schifino & Fleischer
One Tampa City Center, #2700
201 North Franklin Street
Tampa, FL 33602

DOMESTIC FILINGS

file 1st

NAME: MEDSPORT ~~CEDSPORT~~ LABORATORIES, INC.

RECEIVED
00 MAR -8 PM 12:50
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
~~XX~~_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Christine Lillich

EXAMINER'S INITIALS _____