

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # **P98000066165**

1. Corporation Name

LAB SCIENTIFIC INC.

Principal Place of Business

Mailing Address

7223 N.W. 43RD STREET
MIAMI FL 33166

7223 N.W. 43RD STREET
MIAMI FL 33166



REINSTATEMENT

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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

| | | | | | |
|---|--|--|--|---|--|
| 2. New Principal Office Address, If Applicable | | 3. New Mailing Office Address, If Applicable | | 4. Date Incorporated or Qualified To Do Business in Florida | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 07/28/1998 | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Zip | | 65-0852812 | |
| Country | | Country | | Applied For | |
| U.S.A. | | U.S.A. | | Not Applicable | |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | | | | \$8.75 Additional Fee required for a Certificate of Status | |

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1. Title(s) | 2. Name of Officers and/or Directors | 3. Street Address of Each Officer and/or Director | 4. City / State / Zip |
|-------------|--------------------------------------|---|-----------------------|
| PD | SORIABNO, SUSANA | 7223 N.W. 43RD STREET | MIAMI FL 33166 |
| SD | SHLESINGER, CATHERINE | 7223 N.W. 43RD STREET | MIAMI FL 33166 |
| TD | SHLESINGER, ROBERTO | 7223 N.W. 43RD STREET | MIAMI FL 33166 |
| | | | |
| | | | |
| | | | |

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-12/07/00--01080--009
****758.00 ****758.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHLESINGER, ROBERTO
7223 N.W. 43RD STREET
MIAMI FL 33166

Name **SORIANO**
Soriabno, Susana
Street Address (P.O. Box Number is Not Acceptable)
100 Bayview Dr. Suite 1914
Suite, Apt. #, Etc.
City **N.Miami Beach,** State **FL** Zip Code **33160**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **11-2-2000**

11. 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.

AD

SIGNATURE:

Susana Soriabno-President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-2-2000 305-947-7765

Date Daytime Phone #

CR2E040 (8/00)