

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION • FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S18463			
1. Corporation Name Gynelab Products, Inc.			
Principal Place of Business 36 Nashua Way Ocala, FL 34482		Mailing Address 36 Nashua Way Ocala, FL 34482	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida 12/13/90		5. FEI Number 59-3048820	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	Lee R. Bolduc	36 Nashua Way	Ocala, FL 34482
S	Robert S. Neuwirth	400 Gloucester St.	Englewood, NJ 07631
REINSTATEMENT 98-99			
VS FEB 2 1999			
100002696451--9 --11/25/98--01045--008 *****35.00 *****35.00 100002696451--9 --02/01/99--01006--017 *****115.00 *****115.00 100002696451--9 --02/01/99--01006--016 *****750.00 *****750.00			
8. Name and Address of Current Registered Agent Michael J. Nolan 100 S. Ashley Dr. Suite 1400 Tampa, FL 33602		9. Name and Address of New Registered Agent Name Lee R. Bolduc Street Address (P.O. Box Number is Not Acceptable) 36 Nashua Way Suite, Apt. #, Etc. City Ocala, State FL Zip Code 34482	
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 <i>Lee R. Bolduc</i> Date 1-4-99 REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax)			
12. 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: <i>Lee R. Bolduc</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1-4-99 14-99 Date 352-237-9820 Daytime Phone #	