


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		98 SEP 21 PM 2:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA 900002648809--9 -09/25/98--01031--008 ***1058.75 ***1058.75	
DOCUMENT # V56825 1. Corporation Name M3S LABORATORIES, INC.					
Mailing Address 956 Upsala Rd. Sanford, FL 32771		Principal Place of Business 956 Upsala Rd. Sanford, FL 32771			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Mailing Address, If Applicable		3. New Principal Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida DO NOT WRITE IN THIS SPACE July 31, 1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3134970	
City & State		City & State		Applied For Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" 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	2	3	4		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
P,D	STANLEY J. TOMASZEWSKI	956 Upsala Road	Sanford, FL 32771		
VSTD	STEPHANIE R. TOMASZEWSKI	956 Upsala Road	Sanford, FL 32771		
REINSTATEMENT 96-98 9-21-98					
8. Name and Address of Current Registered Agent STANLEY J. TOMASZEWSKI 304 Oak Leaf Circle Lake Mary, FL 32746			9. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			Suite, Apt. #, Etc.		
			City		
			State FL		
			Zip Code		
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: <u>Stanley J. Tomaszewski</u> Date: <u>9-14-98</u> STANLEY J. TOMASZEWSKI REGISTERED AGENT MUST SIGN					
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)					
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <u>Stanley J. Tomaszewski</u> 9-14-98 (407) 330-0507 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2040 (6/94)