Pg 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
01 MAY -4 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # V61j804

REINSTATEMENT 00-01

1. Corporation Name
RESTER LABORATORIES, INC.

2. Principal Office Address	3. Mailing Office Address
100 2ND AVENUE SOUTH	
Suite, Apt. #, etc.: SUITE 600	Suite, Apt. #, etc.
City & State: ST. PETERSBURG, FL	City & State
Zip: 33701 / Country: USA	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida 09/03/1992 SP

5. FEI Number 59-3144904 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: FOWLER, WHITE, GILLEN, BOGGS, VILLAREAL AND BANKER, P.A. ATTN: R.A.HIGBEE

Street Address (P.O. Box Number is Not Acceptable): 501 E. KENNEDY BOULEVARD

Suite, Apt. #, Etc.: SUITE 1700

City: TAMPA — State: FL — Zip Code: 33602

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 _____ Date 5/4/2001
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
D/P/S/T	GREGORY, THOMAS	100 2ND AVE SOUTH, SUITE 600	St. Petersburg, FL 33701

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: THOMAS H. GREGORY — 5/4/2001 — (727) 821-6161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Pg 2 of 2

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : FOWLER, WHITE, GILLEN, BOGGS, VILLAREAL & BANKER, P.A
Account Number : 075410001562
Phone : (813)228-7411
Fax Number : (813)228-9401

CORPORATION REINSTATEMENT

RESTER LABORATORIES, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$908.75