


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1093

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
07 JAN 10 PM 3:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F9900000437**

1. Corporation Name  
LABTEST INTERNATIONAL, INC.

100084735211  
01/17/07--01028--013 \*\*150.00

2. Principal Office Address 2107 Swift Drive		3. Mailing Office Address c/o Christopher Verstrate 77 W. Wacker Drive	
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 4100	
City & State Oak Brook, IL		City & State Chicago, IL	
Zip 60523	Country USA	Zip 60601	Country USA

**REINSTATEMENT**

4. Date Incorporated or Qualified To Do Business in Florida 01/22/1999

5. FEI Number 16-1541809  Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)  
1200 South Pine Island Road

Suite, Apt. #, Etc.

City  
Plantation

State  
FL

Zip Code  
33324

100084735211  
01/17/07--01028--014 \*\*8.75

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 Jeffrey D. Butterfield **Jeffrey D. Butterfield** Assistant Secretary Date 1/10/07

REGISTERED AGENT MUST SIGN

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
	SEE ATTACHMENT.		

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 contained in Chapter 119, 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: Michael Bogacki Michael Bogacki, Assistant Treasurer Date 1/5/07 630-623-6069  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

**LABTEST INTERNATIONAL, INC.****ATTACHMENT**

Item 9:

<b>TITLES</b>	<b>NAME</b>	<b>ADDRESS</b>
P	Gene Rider	2107 Swift Drive, Suite 200 Oak Brook, IL 60523
VP	Roque Corona	70 Diamond Road Springfield, NJ 07081
T/D	Tim Courossi	70 Codman Hill Road Boxborough, MA 01719
S/D	Christina Law	2/F Garment Centre 576 Castle Peak Road Kowloon, Hong Kong
AT	Michael Bogacki	2107 Swift Drive, Suite 200 Oak Brook, IL 60523
AS	Robert E. Wangard	77 West Wacker Drive, Suite 4100 Chicago, IL 60601
D	Kin Hung Yao	2/F Garment Centre 576 Castle Peak Road Kowloon, Hong Kong

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# Intertek Consumer Goods

www.intertek-labtest.com

January 5, 2007

Florida Department of State  
Secretary of State  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: Labtest International, Inc. (Document #F99000000437) --  
Request for Waiver of Reinstatement Fee**

Dear Sir or Madam:

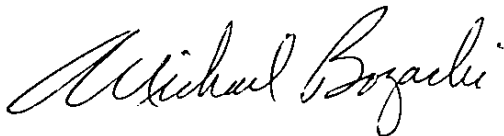
Labtest International, Inc. (the "Company") did not receive its annual report notices for 2006, and its authorization to transact business was subsequently revoked by the Florida Department of State (the "Department").

By this letter, the Company respectfully requests that the reinstatement fee be waived by the Department.

If you have any questions regarding this request, please feel free to contact the undersigned at 630.623.6069.

Thank you for your consideration of this request.

Very truly yours,



Michael Bogacki,  
Assistant Treasurer