

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

13 APR 16 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09-13

REINSTATEMENT

APR 16 2013

CR2E091 (11/10)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000103111
1. Corporation Name
EQ LABS, INC.

2. Principal Office Address - No P.O. Box # 11226 Pentland Downs St Suite, Apt #, etc		3. Mailing Office Address 11226 Pentland Downs St Suite, Apt #, etc	
City & State Las Vegas NV		City & State Las Vegas NV	
Zip 89141	Country	Zip 89141	Country

4. Date Incorporated or Qualified To Do Business in Florida
12/20/1986
T. SCOTT

5. FET Number
593421936
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED
No
\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
VCorp Services, LLC

Street Address (P.O. Box Number is Not Acceptable)
5011 South State Road 7, Suite 106

Suite, Apt. #, Etc.

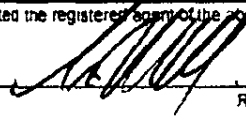
City
Davie

State
FL

Zip Code
33314

200246491942
04/05/13--01028--004 **1402.50

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:  **Isaac Muller, Manager of Vcorp Services, LLC** Date 3-27-13
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
P	Maurice Owens	11226 Pentland Downs St	Las Vegas NV 89141
D	Kenneth Bosket	11226 Pentland Downs St	Las Vegas NV 89141
T	Lowell Holden	11226 Pentland Downs St	Las Vegas NV 89141
S	Montse Zaman	11226 Pentland Downs St	Las Vegas NV 89141
D	Westbrook Kaplan MD	11226 Pentland Downs St	Las Vegas NV 89141
D	Darryl Rouson	11226 Pentland Downs St	Las Vegas NV 89141

10. E-mail Address: mo@drinkeq.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:  Date 3-27-13 702-506-5943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #