

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR 26 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700015279057
04/03/03--01013--018 **908.75

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000089491

1. Corporation Name
KENDALL-FERRINE
DIAGNOSTIC CENTER, INC.

2. Principal Office Address
12367 SW 143RD

Suite, Apt. #, etc.

City & State
MIAMI FL.

Zip
33186

Country

3. Mailing Office Address
1500 SW 8TH ST

Suite, Apt. #, etc.
240.

City & State
MIAMI FL

Zip
33144

Country

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida 12/09/94

5. FEI Number
68-0547862.

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
ELISEO L. POLLEDO

Street Address (P.O. Box Number is Not Acceptable)
1500 SW 8TH ST.

Suite, Apt. #, Etc.
Suite 240.

City
MIAMI

State
FL

Zip Code
33144

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
[Signature]
REGISTERED AGENT MUST SIGN

Date
2/18/03

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 |
|--------|-----------------------------------|--|------------------------|
| | <u>P/ST MORALES, SOLIA</u> | <u>12367 SW 143RD</u> | <u>MIAMI, FL 33186</u> |
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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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Date
2/18/03

Daytime Phone #

CFR22081 (10/02)

2/21/03