PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 NOV -9 PM 3:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000049845

1. Corporation Name
Health Promotion Independent Diagnostic Inc.

Principal Place of Business / Mailing Address

4294 Palm Avenue
Hialeah, FL 33012

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 6-23-95

5. FEI Number: 65-0592270 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P	Carlos Medina	4294 Palm Avenue	Hialeah, FL 33012

600002683845--0
-11/10/98--01010--001
****315.00 ****315.00

8. Name and Address of Current Registered Agent
Carlos Medina
4294 Palm Avenue
Hialeah, FL 33012

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 — Date
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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: Carlos Medina
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

TO:DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

FROM:HEALTH PROMOTION INDEPENDENT DIAGNOSTIC INC.
4294 PALM AVENUE
HIALEAH, FL 33012
DOC. P95000049845

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND A CHECK FOR $315.00 TO COVER THE THE 1997-98 ANNUAL REPORT. INEVER RECIEVED THE ANNUAL REPORT DO TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS. PLEASE ACCEPT THIS PAYMENT TO COVER THE PROPER FEES FOR THE AN-NUAL REPORT. IF YOU SHOUL D HAVE ANY QUESTIONS PLEASE DON'T HESITATE TO CALL AT THE ABOVE MENTIONED ADDRESS. THANK YOU IN ADVANCE FOR YOUR PROMPT RESPONSE IN THIS MATTER.

TRULY YOURS.
CARLOS MEDINA