

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P96000064S93

1. Corporation Name

BASELINE DIAGNOSTICS, INC.

2. Principal Office Address

11401 NW 24TH ST

Suite, Apt. #, etc.

City & State

PLANTATION, FL

Zip

33323

Country

3. Mailing Office Address

4801 S. UNIVERSITY DR

Suite, Apt. #, etc.

3000

City & State

DAVIE, FL

Zip

33328

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/26/96

5. FEI Number

65-0688386

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5 / \$ Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MIGUEL J. RODRIGUEZ

Street Address (P.O. Box Number is Not Acceptable)

4801 S. UNIVERSITY DRIVE

Suite, Apt. #, Etc.

3000

City

DAVIE

State

FL

Zip Code

33328

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of
Registered Agent

[Signature of Miguel J. Rodriguez]

REGISTERED AGENT MUST SIGN

Date

2/24/01

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.D.	DAVID BARUCH	11401 NW 24TH ST	PLANTATION, FL 33323

REINSTATEMENT *2000 01*

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 of David Baruch]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DAVID BARUCH,
PRESIDENT**

Date

2-23-01 9544232372

Daytime Phone #

CR2ED01 (6-99)