

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V15401

1. Corporation Name
ULTRA TECH DIAGNOSTIC SYSTEMS, INC.

2. Principal Office Address
9900 SW 22nd ST

Suite, Apt. #, etc.

City & State
Olympia Hghts, FL

Zip 33165-7566 **Country** US

3. Mailing Office Address
9900 SW 22nd ST

Suite, Apt. #, etc.

City & State
Olympia Hghts, FL

Zip 33165-7566 **Country** US

REINSTATEMENT

07-01

4. Date Incorporated or Qualified To Do Business in Florida FEB 20, 1992

5. FEI Number
65-0320598

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

HECTOR D. ABALLI

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

9900 SW 22nd St

Suite, Apt. #, Etc.

City

Olympia Hghts.

State

FL

Zip Code

33165-7566

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***1350.00 ***350.00

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

[Handwritten Signature]
REGISTERED AGENT MUST SIGN

Date 7/30/01

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	MAGALY ACOSTA	14245 SW 54 Ct	Miami-Dade, FL. 33175n
VP	ANGELA A. ABALLI	9900 SW 22 St	Olympia Hghts. FL 33165
	1,200.00-Adm		
	61.25-AR		
	88.75-Arsupp		
			LS

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:

[Handwritten Signature]
MAGALY ACOSTA

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-30-2001

(305) 541-1707
Daytime Phone #

CR2001 (8/00)