

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F97000005650

1. Corporation Name

WORLD DIAGNOSTICS INC.

Principal Place of Business

15271 NW 60TH AVE SUITE 203-
MIAMI LAKES FL 33014

Mailing Address

15271 NW 60TH AVE SUITE 203
MIAMI LAKES FL 33014

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

#201

City & State

City & State

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City (State / Zip)
PCD	CHAPP, CANDACE	2006 HOWARD CHAPEL TURN	CROFTON MD
PD	KEN PETERS	11269 NW 15th PL	Pembroke Pines, FL 33026
TD	ELIOT KALTER	7210 PYLE RD	Bethesda, MD 20817
D	MICHAEL KONDRACKI	117 E 18 ST. #2	NY, NY 10003
D	TREVOR CAMPBELL LEWIS WELTMAN	6163 NW 182nd	MIAMI, FL 33015
D	BARRY PETERS	680 HARBOR ST. #6	Venice, CA 90291

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STRAUS JR, ARNOLD 10081 PINES LVD STE C PEMBROKE PINES FL 33024	Legal Asset, Inc. 1401 Brickell Ave Suite 700 Miami, FL 33131	Name WALTER STANTON Legal Assets, Inc. Street Address (P.O. Box Number is Not Acceptable) 1401 BRICKELL AVE. # 700 Suite, Apt. #, Etc. SACHER, ZELMAN, STANTON City MIAMI State FL Zip Code 33131
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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

REGISTERED AGENT MUST SIGN

Date

5-3-99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/99 315 827-3304

FILED

COUNTY - 5 PM 5:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

10/27/1997

5. FEI Number

65-0742342

Applied For

Not Applicable

6

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

100002879581-4

05/19/99 01051-008

****5001,00 ****300,00

CR2E040 (3-99)