

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 23 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

02

DOCUMENT # F97000005650

1. Corporation Name

WORLD DIAGNOSTICS INC.

Principal Place of Business

Mailing Address

16250 NW 59TH AVE
BUILDING B
MIAMI LAKES FL 33014

16250 NW 59TH AVE
BUILDING B
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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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	4 City / State / Zip
PD	PETERS, KEN	11269 N.W. 15TH PL	PEMBROKE PINES FL 33026
D	SOFER, NAVA SWERSKY	DIZENGOFF STREET	TEL AVIV, ISREAL 64332
D	SHULMAN, ORNA L	1500 BROADWAY	NEW YORK NY 10036
D	CAMPBELL, TREVOR	6163 N.W. 182ND	MIAMI FL 33015
D	PETERS, BARRY	680 HAVOR ST., #6	VENICE CA 90291
D	HUMBERT, RICHARD P	818-3010 BEACH STREET	VENICE CA 90291

8. Name and Address of Current Registered Agent

FORTIER, RUSSELL
3000 SOUTH OCEAN DRIVE, #3F
HOLLYWOOD FL 33019

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. or 617.0505, F.S.

Signature of
Registered Agent

Russell Fortier
REGISTERED AGENT MUST SIGN

Date

10/21/02

11. 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:

Russell Fortier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FORTIER

Date

305829 3304 10/21/02

Daytime Phone #

CR2040 (8/02)