

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
03 DEC 10 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** H21692  
**1. Corporation Name**  
**DIGITAL DIAGNOSTIC CORPORATION**

<b>2. Principal Office Address</b> c/o CT Corporation System Suite, Apt. #, etc. 1200 So. Pine Isld. Rd. City & State Plantation, FL Zip 33324		<b>3. Mailing Office Address</b> 1020 Sherman Avenue Suite, Apt. #, etc. City & State Hamden, CT Zip 06514	
Country US		Country US	

**REINSTATEMENT 03**

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 1984	
<b>5. FEI Number</b> 59-2486265	<b>Applied For</b> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

**7. Name and Address of Current Registered Agent**

<b>Name</b> CT Corporation System		
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 1200 S. Pine Island Road		
<b>Suite, Apt. #, Etc.</b> 100025403741 12/10/03--01076--008 **759.75		
<b>City</b> Plantation	<b>State</b> FL	<b>Zip Code</b> 33324

**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** Robin LaPeters  
**REGISTERED AGENT MUST SIGN**

**Robin LaPeters**

**Assistant Secretary**

**Date** 12/5/03

**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/T/D	Edward Kearns	46 Marlborough Road	North Haven, CT 06473
V/D	James Motyka	12 Fern Street	Glastonbury, CT 06033
D	BettyJo Trumbley	48 Wade Street	West Haven, CT 06516

**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:** Edward Kearns  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**12/5/03** **203-288-9444**  
**Date** **Daytime Phone #**

CR2E081 (10/02)