

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT

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

FILED

97 JAN 27 AM 8:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # *K23255*

1. Corporation Name

Coral Way Diagnostic Center, Inc.

Principal Place of Business

Mailing Address

2295 Coral Way
Coral Gables, FL 33145

2295 Coral Way
Coral Gables, FL
33145

REINSTATEMENT

aw

94-97

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

05/11/88

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0319139

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	Manuel Rico Perez	2295 Coral Way	Miami, FL Coral Gables, FL 33145
			000002071300--4 -01/28/97--01169--002 ***1253.75 ***1253.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Linda L. Carroll
801 Brickell Avenue
Suite 1901
Miami, Florida 33131

Name
Linda L. Carroll

Street Address (P.O. Box Number is Not Acceptable)
201 South Biscayne Blvd.

Suite, Apt. #, Etc.
Suite 2400

City
Miami

State
FL

Zip Code
33131

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

Linda L. Carroll
REGISTERED AGENT MUST SIGN

Date 1/17/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

1/17/97

Date

(305) 856-5702

Daytime Phone #

CR2E040 (12/95)