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 # L26795			
1. Corporation Name			98 AUG 31 AU U: 13
ADVANCE Medical Testing, INC.			SECRETARIE O TATE TALLAHASSEL FLORIDA
Principal Place of Business Mailing Address 16916 NE. 1990			
North Mirmi, Fl. 33162			
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 16915 N.E. 19 Ave. Suite, Apt #, etc. Suite, Apt #, etc. City & State City & State		Applicable	4. Date Incorporated or Qualified To Do Business in Florida 11 - 1 - 85
			5. FEI Number Applied For
NoMiani Prh. Fl.	City & State F1. 33162 Ztp Country		6. 6. 6. 58.75 Additional Fee regulard
33162 DAD.e 7. Names and Street Addresses of Each Officer and/c			CERTIFICATE OF STATUS DESIRED
Title(s) Name of Officers	Str	eet Address of Each ficer and/or Director	רבייים אוריים אוריים אוריים אוריים
1 2 3 (Do NOT Use Post Office Box		Numbers) 4	
P/S/F LEON, CARLOS LINDEH, FI 33135 SAME			signer
BUDDD26348583 -09/09/9801033005 *****900.00 *****900.00 *****900.00 *****900.00			
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CARLOS A.Leon		Name	
Min. BCH, FI. 33139		Street Address (P Suite, Apt. #, Etc.	2.O. Box Number is Not Acceptable)
\square		Çity	State Zip Code
10. I, being appointed the registered agent of the above named concretion, em familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date Date			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No No (See other side for information on intangible tax.)			
12. I certify that I am an officer or director or the receiver or trugtee 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 bas 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 beind 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 POINTED NAME OF SIGNING OFFICER OR DIRECTOR 5/23/51 685-5005 Date Phone #			

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