LAZARUS 2201440 P.01

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
96 NOV 15 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # DN L 69567

1 Corporation Name

NEW DIAGNOSTIC SYSTEM AND Medical Center INC.

Principal Place of Business / Mailing Address

2490 Coral Way #203
Miami FL 33145

REINSTATEMENT ow

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
SAME	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 4-26-90

5. FEI Number: 65-0191206 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
President	ADA De Paz	2490 Coral Way #203 Miami FL 33145	Miami FL 33145

600002007316--3
11/13/96--01008--002
****375.00 ****375.00

JB 11-15-96

8. Name and Address of Current Registered Agent

ADA De Paz
2490 Coral Way #203
Miami FL 33145

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.

Signature of Registered Agent: X Ada De Paz — REGISTERED AGENT MUST SIGN — Date

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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 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 the application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Ada De Paz — SIGNATURE AND TITLE OR PRINTED NAME OF PERSON OFFICER OR DIRECTOR — Date — Daytime Phone #