

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 JUN 12 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT⁰²⁻⁰⁸
JC6/13

DOCUMENT # L 82033

1. Corporation Name

Diagnostic Portable Laboratory, Inc.

2. Principal Office Address - No P.O. Box #

21110 Biscayne Blvd.

Suite, Apt. #, etc.

Suite 206

City & State

Aventura, FL

Zip

33180

Country

Miami-Dade

3. Mailing Office Address

21110 Biscayne Blvd.

Suite, Apt. #, etc.

Suite 206

City & State

Aventura, FL

Zip

33180

Country

Miami-Dade

4. Date Incorporated or Qualified
To Do Business in Florida

06/09/90

5. FEI Number

65-0198906

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Howard E. Kurzweil

Street Address (P.O. Box Number is Not Acceptable)

101 NE Third Avenue

Suite, Apt. #, Etc.

Suite 1500

City

Ft. Lauderdale

State

FL

Zip Code

33301

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Howard E. Kurzweil

Date 6/3/08

REGISTERED AGENT MUST SIGN

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
PD	Enrique Hanabergh, M.D.	21110 Biscayne Blvd, Ste 206	Aventura, FL 33180
STD	Enrique Gorin, M.D.	21110 Biscayne Blvd. Ste 206	Aventura, FL 33180

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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 contained in Chapter 119, 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: *Enrique Hanabergh*

Enrique Hanabergh, M.D.

(305) 931-7884

6/3/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #