CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #: L83293

1. Corporation Name

Medical Diagnostic Consultants, Inc.

2. Principal Office Address	**3.** Mailing Office Address		
40347 U.S. 19			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
Suite 103			
City & State	City & State		
Tarpon Springs, FL 34689			
Zip	Country	Zip	Country
	Pinellas		

4. Date Incorporated or Qualified To Do Business in Florida 6/26/90

5. FEI Number 59-3016014 | 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 R. Messina

Street Address (P.O. Box Number is Not Acceptable) 40347 U.S. 19

Suite, Apt. #, Etc. Suite 103

City Tarpon Springs   State FL   Zip Code 34689

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--05/12/00--01003--014
***1650.00   ***1650.00

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 _____ REGISTERED AGENT MUST SIGN   Date 4.13.00

CR2E081 (9/99)

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
Pres.	R. Messina	40347 U.S. 19 Suite 103	Tarpon Springs, FL 34689

REINSTATEMENT 94-00188

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: _____ R. Messina, President   4-13-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #