Page 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 JAN 24 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H03000031177 6)))

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000021398

1. Corporation Name
G-TECH DIAGNOSTIC, INC.

2. Principal Office Address		3. Mailing Office Address	
1111 WEST 43RD PLACE		1111 WEST 43RD PLACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: HIALEAH, FL.		City & State: HIALEAH, FL.	
Zip: 33012	Country: U.S.A.	Zip: 33012	Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 03/01/2000

5. FEI Number: 65-0986329 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: IRIS D. MARIN

Street Address (P.O. Box Number is Not Acceptable): 1111 WEST 43RD PL.

Suite, Apt. #, Etc.

City: HIALEAH — State: FL — Zip Code: 33012

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: _____ Date: 01/22/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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	IRIS D. MARIN	1111 W 43RD PL.	HIALEAH, FL. 33012

REINSTATEMENT 02-03

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: _____ 01/22/03 (786) 325-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : ANA DALMAU ARES, P.A.
Account Number : I20000000268
Phone : (305)229-8256
Fax Number : (305)229-8252

CORPORATION REINSTATEMENT

G-TECH DIAGNOSTIC, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$900.00