

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

**DOCUMENT # P0000061986**

1. Corporation Name

**RAPID MEDICAL DIAGNOSTICS CORPORATION**

03 OCT 13 PM 4:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

650 WEST AVENUE, SUITE 2507  
MIAMI BEACH FL 33139

650 WEST AVENUE, SUITE 2507  
MIAMI BEACH FL 33139



**REINSTATEMENT 2003**

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

4. Date Incorporated or Qualified To Do Business in Florida

06/22/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1141006

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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	4 City / State / Zip
SD	AGUDELO, LUIS M	650 WEST AVENUE, SUITE 2507	MIAMI BEACH FL 33139
PD	SALVO, LAWRENCE A	650 WEST AVENUE, SUITE 2507	MIAMI BEACH FL 33139

100023723561  
10/13/03--01008--030 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AGUDELO, LUIS  
650 WEST AVENUE, SUITE 2507  
MIAMI BEACH FL 33139

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. or 617.0505, F.S.

Signature of Registered Agent

*[Handwritten Signature]*  
REGISTERED AGENT MUST SIGN

Date

10/9/03

11. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAWRENCE SALVO

Date

10/8/03

Daytime Phone #

305  
535-6123