

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 25 PM 2:09

CORPORATION
RESTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT

1. Corporation Name

Starwood Mobile Diagnostics, Inc.
P00000063991600005205066--7
-04/08/02--01051--025
****308.75 ****308.75

2. Principal Office Address

499 State Road 434 N.

3. Mailing Office Address

6006 N. MUSA

Suite, Apt. #, etc.

2179

Suite, Apt. #, etc.

702

City & State

Altamonte Springs, FL

City & State

El Paso, TX

Zip

32714

Country

USA

Zip

79912

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

June 13, 2000

5. FEI Number

91-2067997

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

Steven Enabnit

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

~~499 State Rd. 434 N.~~ 499 State Rd. 434 N.

Suite, Apt. #, Etc.

2179

City

~~Altamonte Springs~~ Altamonte Springs

State

FL

Zip Code

32714

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 3-21-02

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
Pres.	Steven Enabnit	18807 Windsor Lakes	Houston, TX, 77094
Secretary	TRACY Howard	18807 Windsor Lakes	Houston, TX, 77094

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)(b), 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

3-21-02 915-203-6578

Date

Daytime Phone #