

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P000000076567**  
EAST-WEST DIAGNOSTIC CENTER, INC

1. Corporation Name

**REINSTATEMENT 01-02**

FILED

02 FEB 13 AM 9:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Office Address

930 Hialeah Drive

Suite, Apt. #, etc.

Suite #4

City & State

HIALEAH, FLORIDA

Zip

33010

Country

US

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

100004912661--7  
-02/13/02--01004--002  
\*\*\*\*185.00 \*\*\*\*150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-1045015

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

RAMIRO J. PEREZ

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

145 Madeira Ave suite 315

Suite, Apt. #, Etc.

City

CORAL GABLES, FL

State

FL

Zip Code

33134

100004912661--7  
-02/13/02--01004--003  
\*\*\*\*750.00 \*\*\*\*750.00

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

02-09/02

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
P	LUIS A. DIAZ	7740 W 28th Ave #206	HIALEAH, FL 33016

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/09/02

Date

Daytime Phone #

(305)448-0046

CR2E081 (9/01)