

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAY -9 PM 2:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PO000092173

**1. Corporation Name**

BIO-VISION DIAGNOSTICS, INC.

**2. Principal Office Address**

8205 SW 87TH CT.

Suite, Apt. #, etc.

45

City & State

MIAMI FL

Zip

33173

Country

USA

**3. Mailing Office Address**

8205 SW 87TH CT

Suite, Apt. #, etc.

45

City & State

Zip

33173

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

09/29/2000

**5. FEI Number**

65-1043728

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 01-03

**7. Name and Address of Current Registered Agent**

Name

DANIEL J. HERRERA

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

8205 SW 87TH COURT

Suite, Apt. #, Etc.

45

City

MIAMI

State

FL

Zip Code

33173

400018673954

05/03/03--01057--010 \*\*1050.00

**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

[Signature]

Date

4/03/03

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
<u>PTSD</u>	<u>DANIEL J. HERRERA</u>	<u>8205 SW 87TH CT #45</u>	<u>MIAMI FL 33173</u>

**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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/03/03

Date

(305) 271 7081

Daytime Phone #