

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01 000001380

1. Corporation Name

CARDIOLAB MOBILE INC.

2. Principal Office Address - No P.O. Box #

1801 SW 3 AVE

Suite, Apt. #, etc.

6TH FLOOR

City & State

MIAMI, FL

Zip

33129

Country

U.S.A.

3. Mailing Office Address

1801 SW 3 AVE

Suite, Apt. #, etc.

6TH FLOOR

City & State

MIAMI, FL

Zip

33129

Country

U.S.A.

7. Name and Address of Current Registered Agent

Name

LAW OFFICES OF MIGUEL SAN PEDRO

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

1801 SW 3rd AVE

Suite, Apt. #, Etc.

6TH FLOOR

City

MIAMI, FL

State

FL

Zip Code

33129

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

Miguel San Pedro, ESQ.

REGISTERED AGENT MUST SIGN

Date 16 July 2007

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
PD	Adela VILLAR	1801 SW 3 rd AVE 6 TH FLOOR	MIAMI, FL 33129
V	ROSA MARGARITA	1801 SW 3 rd AVE	6 TH FLOOR, MIAMI, FL 33129

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 contained in Chapter 119, 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:

Adela Villar

Adela Villar

16 July 2007 305 992 6167

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

07 JUL 17 AM 11:19

SECRET OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

4 JAN 2001

5. FEI Number

65-1066584

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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07724107-01054-016 **900.00

2/7/17