

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P01000042295

1. Corporation Name

NU DIAGNOSTICS, INC.

Principal Place of Business

4689 SOUTH UNIVERSITY DRIVE  
DAVIE FL 33328

Mailing Address

4689 SOUTH UNIVERSITY DRIVE  
DAVIE FL 33328

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	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	04/26/2001	
City & State	City & State	5. FEI Number	
Zip	Country	65-1139184	
	Zip	Applied For	
	Country	Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CIRULNICK, IRA C	4691 SOUTH UNIVERSITY DRIVE	DAVIE FL 33328
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CIRULNICK, IRA 4689 SOUTH UNIVERSITY DRIVE DAVIE FL 33328		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
		FL	
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		Date	
<i>Ira Cirulnick</i>		10/10/03	
REGISTERED AGENT MUST SIGN			
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: <i>Ira Cirulnick</i>		Ira Cirulnick 10/10/03 954-625-8906	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

FILED

03 NOV -3 PH 5: 14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

04/26/2001

\$8.75, Additional Fee required  
for a Certificate of Status

CERTIFICATE OF STATUS DESIRED

CR2040 (7/03)