PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 21 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P01000109513

1. Corporation Name
Diagnostics U.S.A.

2. Principal Office Address		3. Mailing Office Address	
3104 W. Waters Ave		3104 W. Waters Ave	
Suite, Apt. #, etc. Suite 106		Suite, Apt. #, etc. Suite 106	
City & State Tampa, Florida		City & State Tampa, Florida	
Zip 33614	Country USA	Zip 33614	Country USA

4. Date Incorporated or Qualified To Do Business in Florida: NOV. 2001

5. FEI Number: 59-3761189 ☐ 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: Jorge Gonzalez
Street Address (P.O. Box Number is Not Acceptable): 3202 W. Grove St.
Suite, Apt. #, Etc.: N/A
City: Tampa State: FL Zip Code: 33684

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] REGISTERED AGENT MUST SIGN Date 10/16/02

CR2E081 (9/01)

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 CEO	Elina Betancourt	7703 Willow Park 33624	Temple Terrace Fl 33624
Secretary	Jorge Gonzalez	3202 W. Grove St	Tampa, Fl. 33684
T	Elina Betancourt	7703 Willow Park	Temple Terrace Fl. 33624

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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: Elina Betancourt 10/16/02 813-244-1952
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

7(10/22/02

Tampa MRI

10/16/02

Open MRI

This is to inform the State of florida,
that your UBR 2002 should be waived - because
I never recieved the mailing for the Corporation.
Please waive the penalty's,

Sincerly Yours
Diagnostics USA DBA TAMPA MRI

C.E.O. Elvia Betancourt

Secretary: Jorge Diaz

3104 West Waters Avenue, Suite 106, Tampa, Florida 33614 • Telephone: 813-935-5332 Facsimile: 813-933-5849