

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 13 AM 8:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000113369**

1. Corporation Name

**KNOWLES' MOBILE DIAGNOSTICS, INC.**

Principal Place of Business

2601-C MANATEE AVE W  
BRADENTON FL 34205

Mailing Address

2601-C MANATEE AVE W  
BRADENTON FL 34205

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11703 36 Ave W.  
Bradenton FL  
34210 America/US

4. Date Incorporated or Qualified  
To Do Business in Florida

11/26/2001

5. FEI Number

01-0553741

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	KNOWLES, RONALD L	11703 36TH AVE W	BRADENTON FL 34210
D	KNOWLES, SUSAN M	11703 36TH AVE W	BRADENTON FL 34210

800023751708  
10/13/03--01072--021 \*\*750.00

8. Name and Address of Current Registered Agent

KNOWLES, RONALD L  
2601-C MANATEE AVE W  
BRADENTON FL 34205

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

*Ronald L Knowles*  
*Susan M Knowles*

REGISTERED AGENT MUST SIGN

Date

Oct. 10, 2003

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:

*Susan M Knowles / Susan M Knowles*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-748-1985

10-10-03

CR2E040 (7/03)