

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT -3 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO2000015216**

1. Corporation Name

EBT Diagnostics, Inc.

REINSTATEMENT 03

2. Principal Office Address

213 E. Sheridan Street

Suite, Apt. #, etc.

3C

City & State

Dania Beach, FL

Zip

33004

Country

USA

3. Mailing Office Address

2805 E. Oakland Pk. Blvd

Suite, Apt. #, etc.

#292

City & State

Ft. Lauderdale, FL

Zip

33306

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02-08-02

5. FEI Number

PO2000015216

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

Ted Levitt

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

213 E. Sheridan Street #3C

Suite, Apt. #, Etc.

3C

City

Dania Beach,

State

FL

Zip Code

33004

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

Ted Levitt

REGISTERED AGENT MUST SIGN

Date

9-29-03

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
D	Ted Levitt	213 E. Sheridan St #3C	Dania Beach, FL 33004
D	Olivia Richardson	2805 E. Oakland Pk Blvd #292	Ft. Lauderdale, FL 33306
V.P	Ted Levitt	213 E. Sheridan St. #3C	Dania Beach, FL 33004
S	Olivia Richardson	2805 E. Oakland Pk Blvd, 292	Ft. Lauderdale, FL 33306

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)(f), 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:

Ted Levitt, Ted Levitt Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-29-03

Date

954-924-4521

Daytime Phone #

CR2E081 (10/02)

7/10/7

EBT Diagnostics, Inc.

2805 E. Oakland Park Boulevard, #292, Ft. Lauderdale, FL 33306 (954) 924-4521

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

09-29-03

Re: Corporation Reinstatement

To whom it may concern,

Please except this letter and check for \$150 to reinstate our corporation. We never received a copy of the Uniform Business Report to submit in a timely fashion. According to your records our corporation was dissolved as of 09-18-03. We request that it be reinstated.

Feel free to telephone me or write to the above listed address if there are any questions regarding this matter.

Sincerely,



Ted Levitt
Director and Vice President