

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUL 16 AM 7:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000030590

**1. Corporation Name**

CYBERMED DIAGNOSTIC LABS INC.

14871 SW 160 STREET

800039537028  
07/26/04--01070--007 \*\*308.75

**2. Principal Office Address**

14871 SW 160 STREET

Suite, Apt. #, etc.

**3. Mailing Office Address**

14871 SW 160st

Suite, Apt. #, etc.

**City & State**

MIAMI, FLORIDA

**City & State**

MIAMI FL

**Zip**

33187

**Country**

**Zip**

33187

**Country**

**4. Date Incorporated or Qualified**

To Do Business in Florida MARCH 14, 2002

**5. FEI Number**

04-3626842

**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**

HUMBERTO BORQUE

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

14871 SW 160 STREET

Suite, Apt. #, Etc.

**City**

MIAMI

State  
**FL**

Zip Code  
33187

**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

Date 7-12-04

REGISTERED AGENT MUST SIGN

**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	HUMBERTO BORQUE	14871 SW 160 STREET	MIAMI, FL 33187
VP	JENNIFER BORQUE	14871 SW 160 STREET	MIAMI, FL 33187
S	JENNIFER BORQUE	14871 SW 160 STREET	MIAMI, FL 33187

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-2004

Date

305-300-1641

Daytime Phone #

CR2E081 (01/04)

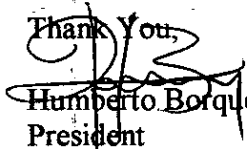
B

2012

Cybermed Diagnostic Labs Inc.  
14871 SW 160 Street  
Miami, Florida 33187

To Whom It May Concern:

Enclosed is my corporation reinstatement form. The 2003 annual report was never received, therefore, I am requesting with your consideration a wavier of the reinstatement fee. As per my conversation today with customer service I was asked to enclose a check for \$308.75. I am also requesting a certificate of status that fee has been enclosed. My sincere appreciation for any consideration regarding my request.

Thank You,  
  
Humberto Borque  
President