

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 3:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000046115

1. Corporation Name

PROFESSIONAL CARE DIAGNOSTIC, INC

2. Principal Office Address

7821 CORAL WAY

3. Mailing Office Address

7821 CORAL WAY

Suite, Apt., etc.

SUITE 127

Suite, Apt., etc.

SUITE 127

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33155

Country

MIAMI-DADE

Zip

33155

Country

MIAMI-DADE

4. Date Incorporated or Qualified  
To Do Business in Florida

04-26-2002

5. FEI Number

82-0541561

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

MANUEL A. DIAZ

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

7160 NW 179 STREET

Suite, Apt., Etc.

APT. 110

City

MIAMI

State

FL

Zip Code

33015

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

REGISTERED AGENT MUST SIGN

Date 10-09-2003

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	MANUEL A. DIAZ	7160 NW 179 STREET APT. 110	MIAMI, FL 33015
VTS	MANUEL A. DIAZ	7160 NW 179 STREET APT. 110	MIAMI, FL 33015

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:

*Manuel A. Diaz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-09-2003 (305)261-1412

Date

Daytime Phone #

CR2E081 (10/02)