

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

04 APR 15 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200034191302
04/27/04--01083--022 **300.00

REINSTATEMENT 03-24

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000051627			
1. Corporation Name Dade County Medical Services Readings, Corp.			
2. Principal Office Address 141 NE. 3rd Ave. Suite, Apt. #, etc. Ste 604 City & State Miami, FL Zip 33132		3. Mailing Office Address Same Suite, Apt. #, etc. City & State Country Dade	

4. Date Incorporated or Qualified To Do Business in Florida	05-09-2002
5. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Lazaro Martinez	
Street Address (P.O. Box Number is Not Acceptable) 141 N.E. 3rd Ave	
Suite, Apt. #, Etc. Ste 604	
City Miami	State FL
Zip Code 33132	

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

Lazaro Martinez

REGISTERED AGENT MUST SIGN

Date

04-14-2004

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/D	Lazaro Martinez	141 N.E. 3rd Ave Ste 604	Miami, FL 33132

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:

Lazaro Martinez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-14-2004

Date

Daytime Phone #

CR2E081 (01/04)

TR