PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000069845

1. Corporation Name LIFE QUALITY DIAGNOSTIC, INC.

10300 SW 72nd STREET 6372 SW 138th PLACE

MIAMI

2. Principal Office Address 3. Mailing Office Address 10300 SW 72nd STREET 6372 SW 138th PLACE Suite, Apt. #, etc. Suite, Apt. #, etc. 158

FILED

04 OCT 12 AM 10: 00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified

To Do Business in Florida 06/25/2002

33183

MIAMI, FL		MIAMI, FL		5. FEI Number 02-0626283	Applied For Not Applicab	 	
Zip 33173	Country USA	Zip 33183	Country USA	6. CERTIFICATE OF STATUS DESIRE	20.75	ir	
	Name	7. Name	e and Address of Current	Registered Agent			
	CARLOS A. DIAZ		300041797653				
•	Street Address (P.O. Box Num 6372 SW 138th STR	nber is Not Acceptable)	,	10/12/0401004009 **150.0			
· •	Suite, Apt. #, Etc.						
	City			State Zin Co	vde.		

8. I, bein Signature Registered		ion 607.0505 or 617.0503, F.S. Date 10/04/2003		
9. Name	s and Street Addresses of Each Officer and/or Dire	ctor (Florida nonprofit corporations must list at least 3 director	s)	
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	
PD	ARMANDO F. DIAZ	10300 SW 72nd STREET, #158	MIAMI, FL 33173	
DTS	CARLOS A. DIAZ	6372 SW 138th PLACE	MIAMI, FL 33183	
		REINSTATE	WENT OH	
			,	

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 filling 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 accurat d 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

10/04/2004

(305) 598-0395

Daytime Phone #

2012

KEESING & ASSOCIATES, INC TAX AND FINANCIAL CONSULTANTS

8031 SW 197th TERRACE MIAMI, FL 33189 Tel: (305) 251-4883 Fax: (305) 251-1372 E-Mail: KeesingC@aol.com

October 4, 2003

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

Dear Madam Secretary:

Re:

Corporation Reinstatement

Entity: Life Quality Diagnostic, Inc Document Number: P02000069845

FEIN: 02-0626283

This accounting firm now represents the above-mentioned entity in matters pertaining to corporate taxes and related functions. We do recognize that ignorance should not be an excuse for the law, but given the fact that neither the UBR nor the notices of dissolution were received didn't help either. In addition, the corporation filed articles of incorporation instead of the annual report when they were informed of their administrative dissolution. We are enclosing a copy of the rejection for your review and refund of the filing fee.

In light of the above, we are piteously imploring you to forego the reinstatement fee of \$750.00 and charge us only the annual renewal fee of \$150.00, which is enclosed.

We thank you for attending to this matter and await your kind and considerate reply.

Sincerely,

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Enclosure: