

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

W06508006241

FILED

06 FEB 21 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000092696

1. Corporation Name

Southern Diagnostics Solutions, Inc

2. Principal Office Address

864 NW Fairway Dr.

Suite, Apt. #, etc.

City & State

Lake City, Florida

Zip
32055

Country

Columbia

3. Mailing Office Address

2109 US Highway 90 W

Suite, Apt. #, etc.

170-PMB 332

City & State

Lake City, Florida

Zip
32055

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/26/2002

5. FEI Number

43-1973391

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

Robert S. Greene

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

864 NW Fairway Dr.

Suite, Apt. #, Etc.

City

Lake City, Florida

State

FL

Zip Code

32055

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 1/19/2006

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/S	Robert S. Greene D	864 NW Fairway Dr.	Lake City, Florida 32055
VP	John Inglis D	203 Branch Wood Lane	Jacksonville, Fl. 32256

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 contained in Chapter 119, 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:

Robert S. Greene Robert S. Greene

1/19/2006 386-758-8698

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #