

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 24 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000131494

1. Corporation Name

COAST TO COAST DIAGNOSTIC SOLUTIONS, INC.

Principal Place of Business

Mailing Address

243 KATHERINE BLVD.
5304
PALM HARBOR FL 34684

243 KATHERINE BLVD.
5304
PALM HARBOR FL 34684

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1304 FRANKFORD DR
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 6038
Suite, Apt. #, etc.

City & State

BRANDON, FL

City & State

BRANDON, FL

Zip

33511

Country

Zip

33508

Country

REINSTATEMENT 03

Date of Reinstatement or Qualification To Do Business in Florida

12/16/2002

5. FEI Number

27-0039085

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	BRENNAN, BRIAN A	243 KATHERINE BLVD., 5304- 1304 FRANKFORD DR	PALM HARBOR FL 34684 BRANDON, FL 33511

800024983788
11/24/03--01099--012 **158.75

8. Name and Address of Current Registered Agent

BRENNAN, BRIAN A
243 KATHERINE BLVD..
5304
PALM HARBOR FL 34684

9. Name and Address of New Registered Agent

Name

BRIAN A. BRENNAN

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

1304 FRANKFORD DR

Suite, Apt. #, Etc.

City

BRANDON

State

FL

Zip Code

33511

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

REGISTERED AGENT MUST SIGN

Date

11. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

Coast to Coast Diagnostic Solutions, Inc.
P.O. Box 6038
Brandon, FL 33508

Friday, November 21, 2003

Department of State
Divisions of Corporations
409 East Gaines St.
Tallahassee, FL 32399

**Re: Application for Reinstatement for Coast to Coast Diagnostic Solutions,
Inc.**

This letter is to inform you that I did not receive the prior two notices for the annual report. Since filing for this corporation, I have moved and my business has required me to do an enormous amount of travel. I apologize for this being so late.

If you have any questions please feel free to contact me at 813-228-6838.

Sincerely,

A handwritten signature in cursive script, appearing to read "Brian A. Brennan".

Brian A. Brennan
President