

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 NOV 22 AM 8:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PD2000133223

1. Corporation Name

*XAMA Diagnostics*

W04-39106

2. Principal Office Address

649 Highway US #1  
Suite, Apt. #, etc.  
17

City & State  
*North Palm Beach*

Zip Country  
33408 Palm Beach

3. Mailing Office Address

530 Ocean Blvd #501  
Suite, Apt. #, etc.  
#501

City & State  
*Fort Lauderdale*

Zip Country  
33408 Palm Beach

REINSTATEMENT

02-04

4. Date Incorporated or Qualified  
To Do Business in Florida

2003

5. FEI Number

41-2110209

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

*JAMES Ring*

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

649 Highway US #1 Suite 17

Suite, Apt. #, Etc.

*North Palm Beach*

City

*North Palm Beach*

State  
FL

Zip Code

33408

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

*James Ring*

REGISTERED AGENT MUST SIGN

Date

10/19/04

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
Pres	MURRAY Cohen	649 Highway US #1	N.P.B. Fla 33408
U.P.	JAMES Ring	649 Highway US #1	N.P.B. Fla 33408
Sec	KATHYRN White	649 Highway US #1	N.P.B. Fla 33408

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/14/04

Daytime Phone #

CR2081 (01/04)

11/19/04

Florida Dept of State

ref letter # 204A00064423

Gentlemen,

I did not receive the annual report  
notice.

I appreciate your cooperation with  
this matter.

Charlynn  
Yank Diagnostic  
ref # P02000133223