

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2006 SEP 27 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *PO3000064716*

1. Corporation Name

Merlin Medical Diagnostic Corp

2. Principal Office Address

10344 West Flag St

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33174

Country

USA

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

06/11/05

5. FEI Number

161677592

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

Marielva Alfonso

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

11860 SW 5th St.

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33184

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

[Signature]

Date

09/20/04

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
<i>President</i>	<i>Marielva Alfonso</i>	<i>11860 SW 5th St</i>	<i>Miami FL 33184</i>

300080388353
10/03/05--01028--004 **450.00

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] *Marielva Alfonso*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

09/20/04

Daytime Phone #

786 218 3600

a/27

DATE: 09/20/06FL. DEPARTMENT OF STATE
ANNUAL REPORT

PER OUR CONVERSATION PLEASE CHECK YOUR RECORDS THAT MY
CORPORATION Martin Medical Diagnostic Corp.
DOCUMENT # PO3000064716

☒ I NEVER RECEIVED THE ANNUAL REPORT THIS YEAR. PLEASE ACCEPT OUR
PAYMENT WITHOUT PENALTY DUE TO THAT WE NEVER RECEIVED THE
REPORT FOR the years 2004, 2005, or 2006.
THANKING YOU IN ADVANCE


SIGNATUREMariela Alfonso
PRINT NAME/TITLE