

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

06 JAN 27 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300065584533
02/10/06--01072--005 ***450.00
CR2E081 (12/05)

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000143991

1. Corporation Name

A & W Diagnostics, Corp

2. Principal Office Address
6850 S.W. 24 St.

Suite, Apt. #, etc.
505

City & State
Miami, FL

Zip
33155

Country
USA

3. Mailing Office Address
6850 S.W. 24 St.

Suite, Apt. #, etc.
505

City & State
Miami, FL

Zip
33155

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 12/03/03

5. FEI Number
13-4270554

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
Jose A. Hernandez

Street Address (P.O. Box Number is Not Acceptable)
6850 S.W. 24 St.

Suite, Apt. #, Etc.
505

City
Miami

State Zip Code
FL 33155

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 1/19/06

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
PD	Jose A. Hernandez	6850 S.W. 24 St. Suite 505	Miami, FL 33155

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose A. Hernandez

1/19/06

Date

786-380-2168

Daytime Phone #

Philly

A & W Diagnostics, Corp.

6850 S.W. 24 STREET, Suite 505 • Miami, FL 33155
Telephone: (786) 380-2168 • Facsimile: (786) 268-7224

January 30, 2006

Department of State
Division of Corporations
P.O. \box 6327
Tallahassee, FL 32314

Re: Corporate Re instatement: Document No. P03000143991
A & W Diagnostics Corporation

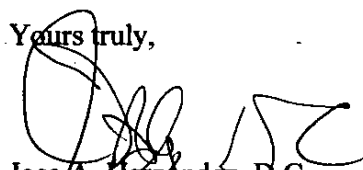
Dear Sir or Madam,

Our records do not show receipt of the Annual Report form. I do not know what happened or if it became another casualty of the last hurricanes that seem to have affected everything, including this office, in some way or another.

I have enclosed a check for the corresponding periods missing, and respectfully request that you waive any late payment penalties, under the circumstances.

Thank you for your anticipated understanding and cooperation.

Yours truly,


Jose A. Hernandez, D.C.
President, A & W Diagnostics Corporation