

Attachment 1012

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAY -9 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000068956

1. Corporation Name

CAPITAL DIAGNOSTICS CORP.

2. Principal Office Address - No P.O. Box #

11340 NW 48 TERRACE

Suite, Apt. #, etc.

City & State

DORAL

Zip

FL

Country

33178

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/11/05

5. FEI Number

NONE

☒ 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

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

Suite, Apt. #, Etc.

City

State

Zip Code

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 4/15/08

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	MAURICIO JIMENEZ	11340 NW 48 TERRACE	DORAL, FL 33178

REINSTATEMENT

06-08^{YS}

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:

MAURICIO JIMENEZ

4/15/08

786-357-7559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CAPITAL DIAGNOSTICS CORP.
11340 NW 48 TERRACE
DORAL, FLORIDA 33178
TEL #786-357-7559

April 14, 2007

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Sir/Madam:

We recently discovered that the State of Florida annual report has not been filed for the years 2006 and 2007.

We would like to explain the reasons why these reports were never filed:

- 1) As a new business, we were not aware that an annual report needed to be filed with the State of Florida.
- 2) We never received any renewal notices from the State of Florida. We believe that the reason for not receiving the notices was our change of address in late 2005. Our current address is listed above.

We realize that we must now renew both years, plus 2008. Therefore, enclosed please find a check for \$450. (2006, 2007 and 2008 Annual report and corporate supplemental fees).

We respectfully request that the reinstatement fee be waived. We are a small corporation and assessing such a significant fee will certainly hinder our finances and cash flows. You can be sure that this will not happen again.

Sincerely,



Mauricio Jimenez
President