

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 APR 23 PM 1:21

DOCUMENT # P05000160069

1. Corporation Name

NATIONAL DIAGNOSTICS AND
MEDICAL CENTERS, INC.

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

16850-112 COLLINS AVE

3. Mailing Office Address

Suite, Apt. #, etc.

413

Suite, Apt. #, etc.

City & State

SUNNY ISLES BEACH, FL

City & State

Zip

33160

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

Maria Rodriguez

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

16850-112 COLLINS AVE

Suite, Apt. #, Etc.

413

City

SUNNY ISLES BEACH

State

FL

Zip Code

33160

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

Sam Belle

REGISTERED AGENT MUST SIGN

Date 4-21-09

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	MARIA RODRIGUEZ	16850-112 COLLINS AVE SUITE # 413	SUNNY ISLES BEACH, FL 33160

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

Date

4-21-09

Daytime Phone #