

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 APR 25 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000026193

1. Corporation Name

DIAGNOSTIC TRANSMISSION CENTER INC.

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

12980 SW. 122ND. AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

12980 SW. 122ND. AVE.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33186

Country

USA

Zip

33186

Country

USA

000204240810
04/25/11--01053--018 **900.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

02/27/07

5. FEI Number

20-8538899

☐ 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

RAFAEL MUNOZ

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

6810 SW. 4TH. STREET.

Suite, Apt. #, Etc.

City

MIAMI,

State

FL

Zip Code

33144

10-11 B 4/26/11
REINSTATEMENT

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

X

Date

3/31/11

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	RAFAEL MUNOZ	6810 SW. 4TH. STREET	MIAMI, FL., 33144

10. E-mail Address: **FCATEST@BELLSOUTH.NET**

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/31/11 (786) 226-4481

Daytime Phone #