PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THE FORM.				
APPLICATION OF FORCES	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham		FILED	
REINSTATEMENT	Secretary of State DIVISION OF CORPORATIONS		1997 JAN 27 PM 12: 49	
DOCUMENT # (93000015818)		SECRETARY OF STATE TALLAHASSEE, FLORIDA		
1. Corporation Name Diagnostic Testing Services of America				
Diagnostic lessing string of				
Principal Place of Business	Mailing Address			
12980 Walsingham Rd Lango, FL 33774	P.O. Box 4793 Seminole, FL 33775			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.		DO LIGAT MICHAEL IN THIS OCCUP.		
New Principal Office Address, If Applicable 3. New Mailing Address, If Applicable P.O. Box 4793		4. Date Incorporated or Qualified To Do Business in Florida		
Suite, Apt. #, etc	Suite, Apt. #, etc		5. FEI Number Applied For	
City & State Zip Country	Zip Country	33775	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required	
7. Names and Street Addresses of Each Officer and/o	or Director (Florida nonprofit corpora	itions must list at lea	iora Ceroncate di Status	
Name of Officers Street Address of Each		City / State / Zip		
Pres. Patty M. Sittleh 9391 1214 St V Semiel, FL 33772				
•			1000020716915	
		-01/29/9701011008 ****\$75.00 ****\$75.00		
			1000.0	
		R	FINSTATEMENT	
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent	
the control of the co		Name Pav	uta, M. Sittloh	
Prentice Hall Corp. 1201 Hayes Street, Ste 105 Tallabassee, FL 32301		Street Address (F	P.O. Bbx Number is Not Acceptable) 81 Walsi-glan Rd	
lallalassee, the 32301		City \	State Zip Code	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.				
Signature of Rigistered Agent Park Park Park Park Park Park Park Park				
THE CHARLES ASSENT MICH.				
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)				
12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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:	MTED NAME OF SIGNING OFFICER OR I	Pres.	713 - 1/32/97 593 -5593 Date Davime Prone #	