

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

ATX1

04 MAY -4 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE	
CORPORATION REINSTATEMENT	Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000062394**

1. Corporation Name

CANCER DIAGNOSTIC SERVICES, INC

2. Principal Office Address

1451 SW 1st ST

Suite, Apt. #, etc.

3. Mailing Office Address

1451 SW 1st

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33135

Country

USA

City & State

MIAMI, FL

Zip

33135

Country

USA**REINSTATEMENT****00-04**4. Date Incorporated or Qualified
To Do Business in Florida**8/23/1993**

5. FEI Number

65-0438006

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

CARMEN LUIS STEEGERS

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

5445 COLLINS AVE

Suite, Apt. #, Etc.

830

City

MIAMI BEACH

State

FL

Zip Code

33139

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

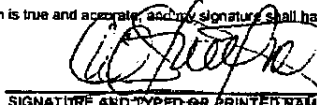
REGISTERED AGENT MUST SIGN

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 / Street / Zip
PD	CARMEN LUIS STEEGERS	5445 COLLINS AVE #830	MIAMI BEACH, FL 33139

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 under section 119.07(3)(i), 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

4/29/2004

Date

305-281-1896

Daytime Phone #

May 04 04 10:17a

Marts Accounting Co

3055416940

P.1

Division of Corporations

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Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : MART'S ACCOUNTING COMPANY
Account Number : I20000000048
Phone : (305) 541-6910
Fax Number : (305) 541-6940

CORPORATION REINSTATEMENT

CANCER DIAGNOSTIC SERVICES, INC.

Certificate of Status	0
Certified Copy	0
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