1088.75

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JUN -2 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000072009

1. Corporation Name

FIRST DIAGNOSTIC SERVICE, INC.

Principal Place of Business	Mailing Address
1805 CORAL WAY SUITE # 104 B MIAMI FL 33155	~~1805 CORAL WAY~~ ~~SUITE # 104B~~ ~~MIAMI FLORIDA 33155~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
	P.O.Box 2305
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Miami, fl, 33144
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida: OCTOBER 18, 1993

5. FEI Number: 65-0442559 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	REINALDO ALVAREZ	4911 S.W. 144 COURT	MIAMI FL 33175
S,T	VILMA ALVAREZ	4911 S.W. 144 COURT	MIAMI FL 33175

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REINSTATEMENT 95-97 6/4/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: REINALDO ALVAREZ
Street Address (P.O. Box Number is Not Acceptable): 4911 S.W. 144 COURT
Suite, Apt. #, Etc.:
City: MIAMI | State: FL | Zip Code: 33175

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 Registered Agent: Reinaldo Alvarez
REGISTERED AGENT MUST SIGN
Date

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No [ ]

(See other side for information on intangible tax.)

12. I 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 further 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 a 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.

Reinaldo Alvarez 04-18-97