PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

P94000013977

FILED
97 AUG -1 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # P94000013977

1. Corporation Name
BRITISH DIAGNOSTIC INSTITUTE FORT LAUDERDALE EAST INC.

Principal Place of Business / Mailing Address SAME
1600 S. FEDERAL HWY Ste820
Pompano Beach FL 33062

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

2. New Principal Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

3. New Mailing Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/21/94

5. FEI Number: 65-0481927 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS [illegible]

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/S/T	DR. MARC GOULET	1600 S. FEDERAL HWY STE 820	POMPANO BEACH FLORIDA 33062

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08/13/97--01105--005
***1088.75 ***1088.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent
Name: DR. MARC GOULET M.D.
Street Address (P.O. Box Number is Not Acceptable): 1600 S. FEDERAL HWY
Suite, Apt. #, Etc.: STE 820
City: Pompano Beach State: FL Zip Code: 33062

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: M. Goulet (REGISTERED AGENT MUST SIGN) Date: 7/31/97

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 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 taxes 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: M. Goulet Marc Goulet (Pres) 7/31/97
(SIGNATURE AND TYPED OR PRINTED NAME OF ACTING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

Make check for 1050.00+8.75