

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Linda B. Mason  
Secretary of State  
DIVISION OF CORPORATIONS



97 98 AR

FILED

98 FEB -3 AM 8:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000016794

1. Corporation Name

Kia Diagnostic Medical Center, Inc.

Principal Place of Business

Mailing Address

15721 NW 7th Avenue (Mailing address same)  
Miami, FL 33169

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 Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

February 1994

5. FEI Number

65-0492279

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$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)

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
Pres	Doris Arnold	18845 NW 11 Ct	Miami, FL 33169
Secy	Jannie Richardson	1440 NW 91 St	Miami, FL 33147
Treas	Linda Johnson	3620 SW 70 Av	Mirama, FL 33023

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\*\*\*\*323.75 \*\*\*\*323.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Doris Arnold  
18845 NW 11 Ct  
Miami, FL 33169

Name

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

Suite, Apt. #, Etc.

City

State  
FL

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 Registered Agent

Doris Arnold

REGISTERED AGENT MUST SIGN

Date

1-25-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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 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:

Doris Arnold (Doris Arnold)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-98 (305) 769-1622

CR2E040 (8/97)