PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 JAN 15 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000087353

1. Corporation Name
Clinimed Laboratories, Inc

2. Principal Office Address		3. Mailing Office Address	
6065 NW 167 St		6065 NW 167 St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite B24		Suite B24	
City & State		City & State	
Miami	Florida	Miami	Florida
Zip	Country	Zip	Country
33015	U.S.A.	33015	U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 11/30/94

5. FEI Number 65-0538409 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name
Dr. Alina Budejen

Street Address (P.O. Box Number is Not Acceptable)
6065 NW 167 St

Suite, Apt. #, Etc.
Suite B24

City | State | Zip Code
Miami | FL | 33015

700004792377--9
-01/23/02--01078--007
***1500.00 ***1500.00

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 A Budejen DO
REGISTERED AGENT MUST SIGN

Date 1-14-2002

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 / State / Zip
P/T Dr	Carmen B. Olivares	3531 SW 11 St	Miami Fl 33135
VP/S	Dr. Alina Budejen	6065 NW 167 St, B24	Miami Fl 33015

REINST

ENT 97-02 TB

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: Carmen B Olivares 1-14-2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #