PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

1998 MAR 23 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P95000001010

1. Corporation Name

DAFNE DIAGNOSTIC CENTER INC.

Principal Place of Business	Mailing Address
625 EAST 49TH ST HIALEAH, FLA 33013	

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
9450 SW 72ND ST	9450 SW 72ND ST
Suite, Apt. #, etc 103	Suite, Apt. #, etc. 103
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33173 Country DADE	Zip 33173 Country DADE

REINSTATEMENT 96-98 IRP 3/23/98

4. Date Incorporated or Qualified To Do Business in Florida 01/05/95

5. FEI Number 65-0543667 ☐ 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)

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
PRES	AMELIA FARINAS	8250 SW 32ND ST	MIAMI, FLA 33155
VP	AMELIA FARINAS	8250 SW 32ND ST	MIAMI, FLA 33155
TREA	AMELIA FARINAS	8250 SW 32ND ST	MIAMI, FLA 33155
SECT	AMELIA FARINAS	8250 SW 32ND ST	MIAMI, FLA 33155
DIRECT	AMELIA FARINAS	8250 SW 32ND ST	MIAMI, FLA 33155

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***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

AMELIA FARINAS
7287 WEST 24TH AVE #263
HIALEAH, FLORIDA 33016

9. Name and Address of New Registered Agent

Name AMELIA FARINAS
Street Address (P.O. Box Number is Not Acceptable) 8250 SW 32ND ST
Suite, Apt. #, Etc.
City MIAMI State FL Zip Code 33155

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 Amelia Farinas Date 3/20/98
REGISTERED AGENT MUST SIGN

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: Amelia Farinas AMELIA FARINAS 3/20/98 305-598-0966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #