

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

APPROVED
AND
FILED

98 JUL 16 PM 1:42

Read Instructions on Other Side Before Making Entries
Make Check Payable To: **Department of State**

1. Name and Mailing Address of Corporation: **DOCUMENT # P95000002370(1)**

Nova Clinical Laboratories, Inc.
1790 West 49th Street
Suite 305
Hialeah, FL 33012

2. If Address is different from mailing address, enter the correct address below:

Address
3621 S.W. 107th Avenue
City and State
Miami, Florida Zip Code
33165

3. If Principle Office Address is different from mailing address, enter address below:

Address
REINSTATEMENT 97-98
Zip Code

4. Date Incorporated or Qualified To Do Business in Florida

01/09/1995

5. FEI Number

650546337

FEI Number Applied For

FEI Number Not Applicable

6. **\$8.75** Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☒

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
D	Sone, Manuel J.	3621 S.W. 107th Avenue	Miami, Florida 33165
			000002595270--6
			-07/22/98--01051--012
			****900.00 ****900.00

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Sone, Manuel J.
11401 S.W. 40th Street
Suite 265
Miami, Florida 33165

9. If changed, new registered agent / office

Name

Donet, David A. Esquire

Street Address (Do NOT Use P.O. Box Number)

One Alhambra Plaza

Street Address (Do NOT Use P.O. Box Number)

Suite 1450

City

Coral Gables

State

FL.

Zip

33134

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

REGISTERED AGENT MUST SIGN

Date **6/8/98**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. 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., 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.

Signature of Officer or Director

Date **6/4/98**

Daytime Phone # **305-221-6862**

CP2E04C (9/92)