

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 DEC -4 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000019948

1. Corporation Name

BRICKELL DIAGNOSTIC SERVICES, INC.

Principal Place of Business

Mailing Address

3948 N.E. 169TH ST.
APT. 501

N MIAMI BEACH FL 33160

3948 N.E. 169TH ST.
APT. 501

N MIAMI BEACH FL 33160

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

4. Date Incorporated or Qualified
To Do Business in Florida

03/13/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0564342

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ 58.75. 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
PSD	ALFAUREYES, MARIA	850 N. MIAMI AVE. APT. 1002	MIAMI FL 33136
VTD	DERAMON, GONZALO	3948 N.E. 169TH ST. APT. 501	N MIAMI BEACH FL 33160
PSD	DERAMON, GONZALO	3948 NE 169th St Apt 501	N. MIAMI BEACH, FL 33160
VTD	GROSS, RUTH	3948 NE 169th St. Apt 501	N. MIAMI BEACH, FL 33160
			000002022580--1 -12/06/96-01087-022 ****383175 ****383.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DERAMON, GONZALO
3948 N.E. 169TH ST.
APT. 501
N MIAMI BEACH FL 33160

Name

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

Suite, Apt. #, Etc.

City

State

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

G. Deramon
REGISTERED AGENT MUST SIGN

Date 11/30/96

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 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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/96

Date

(305) 374-5503

Daytime Phone #