

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 SEP 26 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000029776

1. Corporation Name

ELECTRO DIAGNOSTICS, INC.

Principal Place of Business

757 WEST 50TH STREET  
HIALEAH FL 33012

Mailing Address

757 WEST 50TH STREET  
HIALEAH FL 33012



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

N/A

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

N/A

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/17/1995

5. FEI Number

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
P.	Angela Sainz	757 W 50 ST R	HIALEAH, FL. 33012
VP	Salvador Madueno	757 W 50 ST	HIALEAH, FL. 33012
S.	Blanca Capote	8230 W 18 LOR.	HIALEAH, FL. 33014
			400001975334--8 -10/15/96--01219--012 ****225.00 ****225.00
			BIO-11-96

8. Name and Address of Current Registered Agent

SAINZ, ANGELA  
757 WEST 50TH STREET  
HIALEAH FL 33012

9. Name and Address of New Registered Agent

Name

Blanca Capote

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

8230 W 18 LOR.

Suite, Apt. #, Etc.

HIALEAH-

City

HIALEAH

State

FL

Zip Code

33014

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

9/19/96

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*  
ANGELA SAINZ

9/19/96

Date

884-3908

Daytime Phone #

CR2040 (7/95)

SEP 19, 1996.

On July I sent to your office a check for \$225.00 WITH AN APPLICATION THAT WAS RETURNED TO ME FOR IMPROPER FILLING.

AFTER THAT I RE-SUBMITTED AND STILL NOT RECEIVED ANY INFO. AND THE CHECK HAS NOT CLEARED YET ON MY BANK.

SINCE I RECEIVED THIS APPLICATION NOW, I CALLED YOUR OFFICE AND I WAS TOLD TO SEND THIS ONE IN WITH \$225.00 AND THIS LETTER.

IF ANY QUESTIONS

PLEASE CALL ME AT : 305-556-1260 (WORK)  
305-558-5932 (HOME)  
305-884-3908 (WORK)

Thank you

Angela Saiz