		F BUE REAL		STRUCTIONS	S BEFORE (	COMPLET	ING THIS FORM	м.	
	PLIC IT			DA DEPARTME Sandra B. Mo Secretary of	NT OF STATE	-1			
REINSTATEMENT DIVISION OF CORPORATIONS						FILED			
DOCUMENT # P95000035237  1. Corporation Name						97 NOV -3 PM 1: 01			
BAY A	REA DIA	AGNOSTIC, INC	•			1	SECRETARY OF ST ALLAHASSEE, FL	rate Orida	
Principal Place of Business Malling Add				ldress			18 thill Club and State Rain Ages	10:03	
	ertree dr. Er fl 34625			RTREE DR. R FL 34625					
`				t information and ente ailing Office Address, l		4. Date Incorp	e Incorporated or Qualified Do Business in Florida 05/04/1995		
Suite, Apt. #, etc.			Sulte, Apt. #, etc.			5. FEI Number Applied For			
City & State City				0		6.	59-3312318	Not Applicable	
Zip Country Zip				Coun	try		E OF STATUS DESIRED	8.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Ac	dresses of Each Officer an	d/or Director (F		··				
Title(s)	Name of Officers and/or Directors			l c	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / State / Zip	
P\$	STREET, MARK D			300 FEATHERTREE DR.			CLEARWATER FL 34625		
VPT	STREET, JULIE A			300 FEATHERTREE DR.			CLEARWATER FL 34625		
						91	000234( -11/06/97 ****165.00	0160194 -01095010 ****165.00	
•	8. Nan	ne and Address of Curren	Registered A	gent		9. Name and	Address of New Registere	ed Agent	
STREET, MARK									
300 FEATHERTREE DRIVE						ss (P.O. Box Number is Not Acceptable)			
CLEAF	WATER FL	34625			Suite, Apt. #, Etc	<del></del> D.			
•			,		City		Ste F	ate Zip Code	
0. I, being Signature of Registered	of /	e registered agent of the At	We	rporation, am familiar v	with and accept the c	obligations of Sect	ion 607.0505, F.S. Date	9/97	
		ration owes or h	as paid t	he current ye	ear Yes	l No □		side for information tangible tax.)	

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylimo F

d2. 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 filling 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.

CRZEO4

Daylime Phone #





## Bay Area Diagnostics, Inc.

**Mobile Testing** 

october 29, 1997

Secretary of State Sandra B. Mortham

RE: Reinstatement Bay Area Diagnostics, Inc.

This letter is being written in request that your office please reinstate Bay Area Diagnostics, Inc. Our office is in receipt of a notice stating our corporation will be disolved as of Sept. 26, 1997. We recieved this as a first notice in our office October 25, 1997. We have an accounting service that handles all of our corporation paperwork. I did not realize this was due. I give all paperwork to our accounting office if she does not recieve it, it doesn't get done. Since I never received anything in our office until now, I never sent anything to her she, not communicating with me assumed I took care of it. This is the first notice I have been sent. In speaking with Stacy from your office, October 28, 1997, I was advised to sent a check for \$165.00 with this letter of explaination with a request to reinstate our corporation as this was an honest mistake and our record shows this is the first time this has occurred. She also explained this would be the last time this would be considered and that if I don't receive something by January that it is our responsibility to get this taken care of. Enclosed you will find our check for \$165.00 please reinstate our corporation. I greatly appreciate the assisstance of your office in this matter.

Sincerely,

Vice Pres

Mark Street

Vice Pres./Registered Agent.