

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P95000049845

1. Corporation Name

Health Promotion Independent
Diagnostic Inc.

Principal Place of Business

Mailing Address

4294 Palm Avenue
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

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

6-23-95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0592270

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1. Titles	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/P	Carlos Medina	4294 Palm Avenue	Hialeah, FL 33012

600002683846--0
-11/10/98-01010-001
***315.00 ***315.00

8. Name and Address of Current Registered Agent

Carlos Medina
4294 Palm Avenue
Hialeah, FL 33012

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

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

REGISTERED AGENT MUST SIGN

Date

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)(f), 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

Date

Daytime Phone #

NOV-28-1998 MON

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

FROM: HEALTH PROMOTION INDEPENDENT DIAGNOSTIC INC.
4294 PALM AVENUE
HIALEAH, FL 33012
DOC. P95000049845

98 NOV -9 PM 3:06
FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND A CHECK FOR \$315.00 TO COVER THE
THE 1997-98 ANNUAL REPORT. I NEVER RECIEVED THE ANNUAL REPORT
DO TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS. PLEASE
ACCEPT THIS PAYMENT TO COVER THE PROPER FEES FOR THE AN-
NUAL REPORT. IF YOU SHOUL D HAVE ANY QUESTIONS PLEASE DON'T
HESITATE TO CALL AT THE ABOVE MENTIONED ADDRESS. THANK YOU
IN ADVANCE FOR YOUR PROMPT RESPONSE IN THIS MATTER.

TRULY YOURS.
CARLOS MEDINA