

APPROVED

H980005167 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

1998 FEB 18 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDAAPPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000052177

1. Corporation Name

R & A MEDICAL TESTING CORP.

Principal Place of Business

Mailing Address

4250 SW 67th Ave. No 29
Miami, FL 33155

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

2. New Principal Office Address, If Applicable

5. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/06/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

65-0592912

Applied For

Not Applicable

8. 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 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
P	Ricardo Hernandez	4250 SW 67th Ave., No. 29	Miami, FL 33155
ST	Amado Viera	2238 SW 14th St., No A-1	Miami, FL 33155

REINSTATEMENT 97-98

SCC 3-18-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Ricardo Hernandez
4250 SW 67th Avenue
Miami, FL 33155

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 3/13/98

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)(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

Date

Daytime Phone #

Prepared by: Ricardo Hernandez 4250 SW 67th Ave. No 29 Miami, FL 33155 (305) 269-9555

Circled 1120

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3/17/98

FLORIDA DIVISION OF CORPORATIONS
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((H98000005167 5))

TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4000

FROM: FAS-T CORP. AGENTS, INC.
CONTACT: LIDIA FERNANDEZ
PHONE: (305)599-0839

ACCT#: 071001002335

FAX #: (305)716-0346

NAME: R & A MEDICAL TESTING CORP.

AUDIT NUMBER.....H98000005167

DOC TYPE.....CORPORATION REINSTATEMENT

CERT. OF STATUS..0

PAGES..... 1

CERT. COPIES.....0

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AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

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