

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 AUG 30 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000061006

**1. Corporation Name**

BEST DIAGNOSTIC CARE II, INC.

000007629710--0  
-09/10/02--01037--009  
\*\*\*\*900.00 \*\*\*\*900.00

**REINSTATEMENT** 01-02

**2. Principal Office Address**

7229A CORAL WAY

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33155

Country

DADE

**3. Mailing Office Address**

same.

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

08/08/1995

**5. FEI Number**

650606734

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

JORGE L GARCIA.

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

4779 COLLINS AVE

Suite, Apt. #, Etc.

APT 1106

City

MIAMI BEACH

State  
FL

Zip Code

33140

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

Jorge L Garcia

Date

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	JORGE L GARCIA	4779 COLLINS AVE 41106	MIAMI BEACH FL 33140

**10. 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:**

Jorge L Garcia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/2002

Date

305-3940214

Daytime Phone #

22 8/30/02