

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **P95000062602**

1. Corporation Name

WORLDWIDE DIAGNOSTICS, INC.

Principal Place of Business

Mailing Address

3890 NW 3 ST
MIAMI FL 33126

3890 NW 3 ST
MIAMI FL 33126

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

2. New Principal Office Address, if Applicable
3289 S W 25 Street

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

08/14/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0605922

Applied For

Not Applicable

City & State

Miami, Florida

City & State

Zip

Country

Zip

Country

33133

Dade

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 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
D	SAINZ, ANGELA	3890 NW 3 ST 3289 SW 25 ST	MIAMI FL 33126 33133
D	SANZ, NATALIA	3890 NW 3 ST 3289 SW 25 ST	MIAMI FL 33126 33133
			300002032359-9 -12/18/96-0107-9005-9 ****313.75 ****313.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

SANZ, NATALIA
3890 NW 3 ST
MIAMI FL 33126

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
3289 S W 25 Street
Suite, Apt. #, Etc.
City **Miami**

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 REQUIRED

Date **9-26-1996**

REGISTERED AGENT MUST SIGN

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)(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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-26-1996

Date

(305) 598-2276

Natalia Sanz