

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 26 PM 2:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000070990

1. Corporation Name

RELIABLE-TECH DIAGNOSTIC LAB INC.

Principal Place of Business

5545 SW 8TH STREET #103  
MIAMI FL 33134

Mailing Address

5545 SW 8TH STREET #103  
MIAMI FL 33134

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/14/1995

5. FEI Number

65-0607324

Applied For

Not Applicable

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	4 City / State / Zip
STD	PANCHAME, GISELA	<del>7511 NW 73RD ST. #123</del> 5545 SW 8TH ST. #103	MIAMI FL 33166

700008765357

11/01/02--01104--005 \*\*150.00

8. Name and Address of Current Registered Agent

PANCHAME, GISELA

7511 NW 73RD ST. #123  
MIAMI FL 33166

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

Miami

FL

33134

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Gisela Panchame*  
REGISTERED AGENT MUST SIGN

Date

10-28-02

10-28-02

11. 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.

GISELA PANCHAME

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Cellular (305) 269-1944  
10-28-02

CR2E040 (8/02)

10-28-02

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To Whom IT May concern:

I mailed this payment back  
in the month of May. There  
was an error when the ck.  
was put in the envelope. I

~~Send you the wrong ck. This~~  
ck was never return to me,  
And I didn't notice this error  
until I received this notice.

I will appreciate if you help  
me with this because my  
intention was to pay this in  
a timely manner. Your help  
will be appreciated.

Thank You

Lisela Panchamul