

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **FILED**
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**CORPORATION
REINSTATEMENT**



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

DOCUMENT #

1. Corporation Name

Diagnostic Ventures, Inc.

P95000096409

2. Principal Office Address

601 N. Clyde Morris Blvd.

3. Mailing Office Address

601 N. Clyde Morris Blvd.

Suite, Apt #, etc
Suite B

Suite, Apt #, etc
Suite B

City & State

Daytona Beach, FL

City & State

Daytona Beach, FL

Zip

32114

Country

USA

Zip

32114

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

December 18, 1995

5. FEI Number

65-0656912

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Kent D. Miller

Street Address (P O Box Number is Not Acceptable)

601 N. Clyde Morris Blvd.

Suite, Apt #, Etc

Suite B

City

Daytona Beach, FL

State

FL

Zip Code

32114

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

Kent D. Miller

REGISTERED AGENT MUST SIGN

Date January 11, 2002

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
P	Kent D. Miller	55 Circle Creek Way	Ormond Beach, FL 32174
S	Joanne T. Miller	55 Circle Creek Way	Ormond Beach, FL 32174
D	Geoffrey G. Miller	183 Piedra Loop	White Rock, NM 87544

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:

Kent D. Miller
Kent D. Miller

January 11, 2002

(386) 238-3405

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DIAGNOSTIC VENTURES, INC.

601 N.Clyde Morris Blvd
Daytona Beach, Florida 32114

January 11, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs:

After establishment of Diagnostic Ventures in Dade County, Florida, in early 1996 we established a clinical laboratory which was to provide an important diagnostic test not available elsewhere in the United States. Serious surgery in 1997, and subsequent loss of adequate space, forced us to discontinue development of that company. Recently, in Daytona Beach, we found excellent laboratory space available, and wish to take one more try at establishment of what we consider a valuable service to the national medical community.

I enclose a completed application for reinstatement, and a check for \$ 1,208.75 to cover fees for reinstatement of this corporation, and an updated certificate of active status.

I hope this information is satisfactory, and will appreciate any further help you can give in expediting this matter.

With best wishes;



Kent D. Miller, PhD, MD
President