


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b>
		<b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # P96000009347**

1. Corporation Name

**ARCHY'S DIAGNOSTIC CENTER, INC.**

Principal Place of Business

Mailing Address

**11398 WEST FLAGLER STREET  
MIAMI FL 33165**

**11398 WEST FLAGLER STREET  
MIAMI FL 33165**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**01/30/1996**

5. FEI Number

**65-0631843**

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
<b>PS</b>	<b>FALCON, ARNALDO F</b>	<b>11398 WEST FLAGLER STREET</b>	<b>MIAMI FL 33165</b>

**500004739675--4**

**-12/26/01--01090--020**

**\*\*\*\*\*150.00 \*\*\*\*\*150.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**FALCON, ARNALDO F  
11398 WEST FLAGLER ST  
ROOM 204  
MIAMI FL 33174**

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

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.

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

Miami, December 13, 2001

DEPARTMENT OF STATE  
DIVISION OF CORPORATION

SIR:

PLEASE BE ADVISED THAT MY COMPANY DOESN'T PAID IN TIME THE ANNUAL FEES  
BECAUSE WE NEVER RECEIVED THE ORIGINAL URB.

ATTACHING A COPY OF URB 2001

THANKS IN ADVANCED FOR YOUR ATTENTION

ARCHY'S DIAGNOSTIC CENTER INC.

PRESIDENT

A handwritten signature in black ink, appearing to be "J. Wood", is written over a horizontal line. The signature is stylized with a large initial "J" and a long, sweeping underline.