PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
97 DEC 22 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000038239**

1. Corporation Name
DIAGNOSTIC CONSULTANT SERVICES, INC.

Principal Place of Business	Mailing Address
8260 SW 114 ST. MIAMI FL 33156	8260 SW 114 ST. MIAMI FL 33156

REINSTATEMENT 97

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

2. New Principal Office Address, If Applicable
8890 CORAL WAY
Suite, Apt. #, etc. # 219
City & State MIAMI . FLORIDA
Zip 33165 Country USA

3. New Mailing Office Address, If Applicable
8890 CORAL WAY
Suite, Apt. #, etc. # 219
City & State MIAMI FLORIDA
Zip 33165 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 04/29/1996

5. FEI Number: 65-0460117 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	SANCHEZ, RAUL A	8260 SW 114 ST.	MIAMI FL 33156
D	MARTIN-HIDALGO, MARIA A	8260 SW 114 ST.	MIAMI FL 33156

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-12/24/97-01068-034
****750.00 ****750.00

8. Name and Address of Current Registered Agent

SANCHEZ, RAUL A
8260 SW 114 ST.
MIAMI FL 33156

9. Name and Address of New Registered Agent

Name RAUL SANCHEZ.
Street Address (P.O. Box Number is Not Acceptable) 8890 CORAL WAY
Suite, Apt. #, Etc. # 219
City MIAMI State FL Zip Code 33165

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 _____ Date NOV-5-97

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ Received Document 12/97 (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)(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: _____ NOV 97 305 559-8404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (8/97)