

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 AUG 26 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 096000038916

1. Corporation Name

JD Diagnostic, Inc.

800007390548--3  
-08/28/02--01029--020  
\*\*\*1200.00 \*\*\*1200.00

2. Principal Office Address

4005 San Nicolas

3. Mailing Office Address

4005 San Nicolas

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33629

Country

Hillsborough

Zip

33629

Country

Hillsborough

**REINSTATEMENT 99-02**

4. Date Incorporated or Qualified  
To Do Business in Florida

05/06/1996

5. FEI Number

59-3408037

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Salvadore Dorio

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

4005 San Nicolas

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33629

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

*Sam Dorio*  
REGISTERED AGENT MUST SIGN

Date 8-23-02

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, D   | Dorio, Sam                        | 4005 San Nicolas                               | Tampa, FL 33629    |
|        |                                   |  |                    |
|        |                                   |  |                    |
|        |                                   |  |                    |
|        |                                   |  |                    |

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:

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

Date

8-23-02

Daytime Phone #

CR2E081 (9/01)

*8/27/02*