PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(1)

APPLICATION FOR ~~REINSTATEMENT~~

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

08-99AR

[redacted]

DOCUMENT # P96000079598

1. Corporation Name

CHOICE CARE DIAGNOSTICS, INC.

Principal Place of Business	Mailing Address
~~520 ARNESON AVENUE~~ AUBURNDALE FL 33823	~~520 ARNESON AVENUE~~ AUBURNDALE FL 33823

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. 1224 Keystone Ct.	Suite, Apt. #, etc. 1224 Keystone Ct.
City & State Auburndale, Fl	City & State Auburndale, Fl
Zip 33823 Country USA	Zip 33823 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 09/19/1996

5. FEI Number: 59-3404386 ☐ 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 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
~~D~~	~~BROWN, DEBORAH~~	~~520 ARNESON AVENUE~~	~~AUBURNDALE FL 33823~~
P/D	Johnson, Ronald K	1224 Keystone Ct	Auburndale, Fl 33823
			900002769689 -02/09/99--01063--009 6
			****308.75 ****308.75
			KB 2/5/99

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~BROWN, DEBORAH~~ ~~520 ARNESON AVENUE~~ AUBURNDALE FL 33823	Name: Johnson, Ronald K Street Address (P.O. Box Number is Not Acceptable): 1224 Keystone, Ct Suite, Apt. #, Etc. City: Auburndale State: FL Zip Code: 33823

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: Ronald K. Johnson Date: 01-27-99
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (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: Ronald K. Johnson Ronald K. Johnson 01-27-99 941-967-5874
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (9/98)

Jan. 29, 1999

To Whom It May Concern:

As per my telephone conversation with Stacy, please find enclosed the reinstatement form and check #0269 in the amount of $308.75. This amount covers last years fees and fees due for May 1, 1999, also $8.75 for the Certificate of Status.

As I explained on the phone, I am now the new owner and will be keeping up with all paper work. The previous owner did not receive the renewal papers as she was in transition of moving to another address last year. When she received the last paper, she didn't understand it. I know she should have asked, but she didn't.

As I said, I appreciate the state working with me and waiving the reinstatement fee since I just found out there was a problem. Thanks once again.

Sincerely,
Ronald K. Johnson