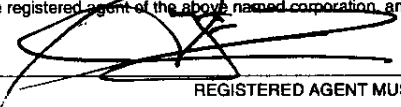
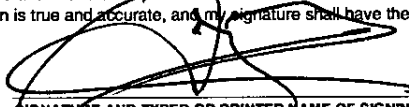


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000079616		FILED MAR -8 AM 9:12 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name NATIONAL MEDICAL LABORATORY, INC.			
2. Principal Office Address 10471 S.W. 40 ST.		3. Mailing Office Address 10471 S.W. 40 ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33165	Country USA	Zip 33165	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 9/25/1996		5. FEI Number 65-0696140	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name JOSE IGNACIO DIAZ			
Street Address (P.O. Box Number is Not Acceptable) 10471 S.W. 40 STREET			
Suite, Apt. #, Etc.			
City MIAMI, FLORIDA		State FL	Zip Code 33165
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 		Date 3/3/04	
REGISTERED AGENT MUST SIGN			
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	JOSE I. DIAZ	9001 SW 92 CT.	MIAMI, FL 33176
VPT	ARMANDO FIGUEROA	4011 S.W. 129 AVE.	MIAMI, FL 33175
S	JUAN B. GONZALEZ	3740 S.W. 104 AVE.	MIAMI, FL 33165
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: 		JOSE I. DIAZ	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 3/3/04	Daytime Phone # (305) 229-0202

CFR2081 (01/04)