

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 14 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000011220

1. Corporation Name

STAT MOBILE DIAGNOSTICS, INC.

Principal Place of Business

Mailing Address

4163 N SR 7  
LAUDERDALE LAKES FL 33319

4163 N SR 7  
LAUDERDALE LAKES FL 33319

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

2. New Principal Office Address, If Applicable

4153 N SR 7

Suite, Apt. #, etc.

City & State

Lauderdate Lakes FL

Zip

33319

Country

USA

3. New Mailing Office Address, If Applicable

4153 N SR 7

Suite, Apt. #, etc.

City & State

Lauderdate Lakes FL

Zip

33319

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

02/04/1997

5. FEI Number

65-0734621

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	TISDALE, WILKEN L	3901 WEST SUNRISE BLVD	LAUDERHILL FL 33311
PTD	Tisdale, Wilken L	4153 N SR 7	Lauderdate Lakes FL 33319

8. Name and Address of Current Registered Agent

WILKEN, TISDALE L

4163 N SR 7

LAUDERDALE LAKES FL 33319

9. Name and Address of New Registered Agent

Name

Wilken Tisdale L

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

4153 N SR 7

Suite, Apt. #, Etc.

City

Lauderdate Lakes

State

FL

Zip Code

33319

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. or 617.0505, F.S.

Signature of  
Registered Agent

*WILKEN TISDALE L*  
REGISTERED AGENT MUST SIGN

Date

10/09/03

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:

*WILKEN TISDALE L*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/9/03

951-730-8004

CR2E040 (7/03)

**STAT MOBILE DIAGNOSTICS, INC.**  
**Mobile X-Ray & EKG Service**  
**4153 N. State Road 7, Lauderdale Lakes, FL. 33319**  
**Office: (954) 730-8004**  
**Fax: (954) 730-8007**  
**10/10/03**  
**Document #97000011220**

**To Whom It May Concern**

**I did not receive the two original ((UBR) forms because of conflicting addresses. Please accept my reinstatement application and original (UBR) filing fee of \$150.00. If there is any question, please contact me at the above address and telephone number.**

**Thank you,**



**Wilken L Tisdale,**  
**President**