PLEASE READ A	ALL INSTRUCTIONS	BEFORE COMP	LETING THIS FOR		
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTME Sandra B. Moi Secretary of S DIVISION OF CORPO	NT OF STATE rtham State			
DOCUMENT # P9700026290			98 NOV 20 AM (1: 0)4		
1. Corporation Name DIAMOND DIAGNOSTICS, INC.	(SECRETARY OF STATE TALLAHASSEE. FLORIDA			
Principal Place of Business Mailing Address					
400 SW 137TH AVE F-210 1400 SW 132TH AVE F-21 EMBROKE PINES FL 33027 PEMBROKE PINES FL 330					
If above addresses are incorrect in any way, line throw 2. New Principal Office Address, if Applicable	ugh incorrect information and enter 3. New Mailing Office Address, if	 			
136255W 2657 Suite, Apt. #, etc.	Suite, Apt. #, etc.	The state of the s			
City & State Migmi-FL DADE Zip Country	City & State MIAM-DADE Zip Countr	FC 65-	6. S8,75 Additional Fee required		
33175 USA 7. Names and Street Addresses of Each Officer and/o			TIFICATE OF STATUS DESIRED. K	for a Certificate of Status	
itle(s) Name of Officers and/or Directors 3 (Do NO)		et Address of Each cer and/or Director City / Sta Post Office Box Numbers) 4		// State / Zip	
D P NOVAL, GLEN	1400 SW 137TH	1400 SW 137TH AVE F-210		PEMBROKE PINES FL 33027	
•			6000027038060		
·		erar al :	****758.7	'5 ****758.75	
REINSTATEMENT 45					
		B 11/24/98			
			1 11 10		
8. Name and Address of Current Registered Agent Name			e and Address of New Registe		
MOSKOWITZ MICHAEL W	Street Address (P.O. Box Number is Not Acceptable) ###################################				
800 CORPORATE DR SUITE-510	4224 S Suite, Apt. #, Etc.	1245W377A AUQ			
FT/AUDERDALE EL 33334			TAMI State Zip Code FL 33/55		
10. 1, being appointed the registered agent of the above	named corporation, am familiar wi	th and accept the obligations of	of Section 607.0505, F.S.	be.	
Signature of Registered Agent REG	SISTERED AGENT MUSS SIGN	Glen Noval	Date	7/98	
 This corporation owes or has Intangible Personal Property 		ar Yes □ No Ĵ		r side for information intangible tax.)	
12. I certify that I am an officer or director or the receive this reinstatement application, the reason for dissolu owed by the corporation have been paid and the na- on this application is true and accurate, and my sign.	tion has been eliminated, the corpo mes of individuals listed on this for	rate name satisfies the require n do not qualify for an exempt	ements of section 607.0401 or 6	17.0401, F.S., that all fees	
SIGNATURE: VIG / LURE / EOGIENT NOVAL 11/17/98 305-265-6210					