

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 14 PM 6:12

DOCUMENT # **P9700098469**

1. Corporation Name  
**D.R.S. DIAGNOSTICS, INC**

Principal Place of Business Mailing Address

**116 CLIFTON RD.  
HOLLYWOOD, FL. 33023**

**116 CLIFTON RD.  
HOLLYWOOD, FL.  
33023**

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

2. New Principal Office Address, If Applicable  
**116 CLIFTON RD.**  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida **11-97**

City & State  
**HOLLYWOOD FL**  
Zip **33023**

City & State

5. FEI Number  
**65-0811574**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	Tamera L. Harkins	<b>116 CLIFTON RD.</b> <del>116 CLIFTON RD.</del>	<b>HOLLYWOOD, FL. 33023</b>

**900003019819--7**  
**-10/20/99--01066--023**  
**\*\*\*300.00 \*\*\*300.00**

**9/30/99**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Tamera L. Harkins**  
**116 Clifton Rd**  
**Hwd, FL 33023**

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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 **X Tamera L. Harkins**  
REGISTERED AGENT MUST SIGN

Date **9/30/99**

11. This corporation owes 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: **Tamera L. Harkins** **Tamera L. Harkins**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/30/99** **924-987-3560**  
Date Daytime Phone #

Cr2E081 (12/98)

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**D.R.S. DIAGNOSTICS INC**  
**116 Clifton Road**  
**Hollywood, FL 33023.**

September 30, 1999

To: Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

From: D.R.S. Diagnostics  
116 Clifton Rd.  
Hollywood, FL 33023  
FEI # 65-0811574

As per the conversation I had with your representative, enclosed please find my check in the amount of 300.00 to reinstate my corporation D.R.S. Diagnostics, Inc.. I never received the reinstatement paperwork due to change of address. This is my first business and I was unaware of the yearly procedures.

Sincerely,

*Tamera L. Harkins*

Tamera L. Harkins  
President