

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 MAY 30 AM 9:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PA7000107321

1. Corporation Name

InverMed Diagnostics, Inc.

2. Principal Office Address

4671 NW 88th Ave

Suite, Apt. #, etc.

City & State

Sunrise FL

Zip

33351

Country

USA

3. Mailing Office Address

4671 NW 88 Ave

Suite, Apt. #, etc.

City & State

Sunrise FL

Zip

33351

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1-1-98

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Debbi M Rivero

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

4671 NW 88th Ave

Suite, Apt. #, Etc.

City

Sunrise

State

FL

Zip Code

33351

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5/11/00

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
Pres.	Debbi M Rivero	Same as above	Sunrise FL 33351
VP	Hugo A Rivero	" "	"

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/11/00

Daytime Phone #

954-

CR2E081 (9/99)

2062



InverMed Diagnostics, Inc. • 4671 NW. 88<sup>th</sup> Avenue • Sunrise, FL 33351 • (954) 578-8588

May 23, 2000

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To whom it may concern:

Please find enclosed a Request for Reinstatement for InverMed Diagnostics, Inc. for 1998, 1999, and 2000, as well as a check for \$450.00. I am requesting at this time to have all late fees waived, as I did not receive annual report information due to apparent incorrect address information. I have since corrected the problem with the records.

I may be reached during the day at 954-973-9400, extension 186. I appreciate your cooperation.