APPLICATION FOR

under oath.

Signature of Officer or Director

FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State FILED REINSTATEMENT DIVISION OF CORPORATIONS 01 APR 30 PM 4: 50 Read Instructions on Other Side Before Making Entries Make Check Payable To: Department of State 2. If Address in Block I (15) incorrect in any way lenter the correct 1. Name and Mailing Address of Corporation: DOCUMENT # p9800()910993 *C/6 Harold Gobstein E, FLORIDA Address 1836 Monte Carlo Way Diagnostic Testing Group of Palm Beach, Inc. 8000 Peters Road, Second Floor City and State Coral Springs, Florida 33071 Plantation, Florida 33324 If Principle Office Address is different from mailing address, enter address below: Address Zip Code City and State \$8.75 Additional Fee required 5. FE! Number Date Incorporated or Qualified To Do Business in Florida FEI Number Applied For for a Certificate of Status 02/03/98 - -65-0629116 FEI Number Not Applicable CERTIFICATE OF STATUS DESIRED Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each City / State / Zip Officer and/or Director Title(s) and/or Directors (Do NOT Use Post Office Box Numbers) Miami, Florida 33176 8700 SW 88th Street, #206 D Stephen E. Cianciulli 600004242386-*/*17/01==01076==020 ****900.00 ****900.00 <u>revist</u>atement If changed, new registered agent / office REGISTERED AGENT INFORMATION Name Steven A. Weinberg, Esquire 8. Name and Address of Current Registered Agent Street Address (Oo NOT Use P.O. Box Number) 7805 SW Sixth Court Steven A. Weinberg, Esquire 8000 Peters Road, Second Floor Street Address (Do NOT Use P.O. Box Number) Plantation, Florida 33324 33324 State Plantation 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. A. Weinberg Signature of Registered Agent STEVERISTERED AGENT MUST SIGN 11. If this corporation is a non-profit with I'R.S. 501(c)(3) tax exempt status, check this box additional information.) Does this corporation pay any intangible tax to the (See other side for information No XX on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. Yes 13. I certify that I am an officer or girector 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 filling this reinstatement application, the reason for dissolution has been eliminated, it is corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated in this application is true and accurate, and my signature shall have the same legal effect as if made

Daytime Phone #