

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 FEB 14 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000011383

1. Corporation Name

NEIGHBORHOOD MEDICAL LAB CORP.

2. Principal Office Address

4915 East 1st Court

Suite, Apt. #, etc.

City & State

Hialeah, Florida

Zip

33013

Country

U.S.A

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

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

2/4/98

5. FEI Number

65-0811102

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

Promitvo Jose Tapia

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

4915 East 1st Court

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33013

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]

Date

REGISTERED AGENT MUST SIGN

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	Idalma M. Haidar	1300 S.W. 78th Avenue	Miami, Florida 33144
Sec/Tres	Primitivo Jose Tapia	4915 East 1st Court	Hialeah, Florida 33013
VP	KENIA MERCEDES TAPIA	7201 W. 34 Ave	Hialeah, Florida 33018

REINSTATEMENT 99-00 TS

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

2-11-00

Date

305-5567959

Daytime Phone #

CR2E081 (9/99)