

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -1 AM 11:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000055107

1. Corporation Name

Miami Diagnostic Services, Inc

2. Principal Office Address

8775 SW 2 Terr.

Suite, Apt. #, etc.

City & State

miami, FL

Zip

33174

Country

USA

3. Mailing Office Address

8357 W. Flagler St.

Suite, Apt. #, etc.

PMB 370

City & State

miami, FL

Zip

33144

Country

USA

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0845598

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

Beatrice Carbajal

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

8775 SW 2 Terr.

Suite, Apt. #, Etc.

City

miami

State

FL

Zip Code

33174

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

Beatrice Carbajal

REGISTERED AGENT MUST SIGN

Date 11/10/03

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

P

Beatrice Carbajal

8775 SW 2 Terr.

miami, FL 33174

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:

Beatrice Carbajal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/10/03

Daytime Phone #

305-778-296

CR2E081 (10/02)

October 9, 2003

Division of Corporation
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: FEI #65-0845598/Document #P98000055107
Miami Diagnostic Services, Inc.
8357 West Flagler Street, PMB #370
Miami, FL 33144-2072

Dear Representative,

Enclosed please find a check in the amount of \$150.00 for the filing of my corporation. I am requesting you waive the penalty and do not dissolve my corporation for the following reasons.

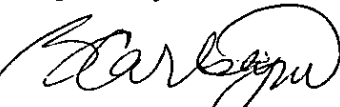
On March 1, 2003 I closed my office. Although I did file a forwarding address with the United States Post Office, I did not receive the UBR filing notice. Since that date I have re-filed the forwarding order for my business but there has been plenty of correspondence that has not been delivered. I also found out I was pregnant in June and unfortunately had some difficulty with my pregnancy and was confined to bed rest for some time. I am and was the only person running my business at the time and taking care of all business matters and due to the move and the pregnancy complications, I am sorry to say that I did not realize that the UBR was due and had not been taken care of until yesterday when I went to open a new bank account for the business.

I am formally requesting that you accept my renewal and waive the penalty fee for my UBR.

My contact numbers are: (305)551-3242 or (305)778-9296 in case you have any questions. Also, please note the new address above for the corporation.

Thank you in advance for your attention to this matter.

Respectfully,



Beatrice Carbajal
President