

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P98000092833

1. Corporation Name

ADVANCED DIAGNOSTICS & MEDICAL, INC.

Principal Place of Business

P.O. BOX 21287
TAMPA FL 33622

Mailing Address

P.O. BOX 21287
TAMPA FL 33622

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/02/1998

5. FEI Number

59.3548599

Applied **SP**
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	4 City / State / Zip
D	SOHL, KENNETH M	3333 WEST KENNEDY BLVD. SUITE 1	TAMPA FL 33609

000003299430--3

-06/21/00--01087--012
****900.00 ****900.00

8. Name and Address of Current Registered Agent

NELSON, G M
3333 WEST KENNEDY BLVD. STE. 103
TAMPA FL 33609

9. Name and Address of New Registered Agent

Name Kenneth M. Sohl
Street Address (P.O. Box Number is Not Acceptable)
7007 Shenandoah Ct
Suite, Apt. #, Etc.
City Tampa State FL Zip Code 33615

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 4.25.00

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.25.00



REINSTATEMENT

99-00

CR2E040 (8/98)