

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR



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

FILED

01 MAR -8 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000007695

1. Corporation Name

STANDARD DIAGNOSTIC, INC.

Principal Place of Business

600 W. OAKRIDGE RD.  
ORLANDO FL 32809

Mailing Address

3956 Town Center Blvd #179  
600 W. OAKRIDGE RD.  
ORLANDO FL 32809  
32837



2000-2001 UBR

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

01/21/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3560018

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ENRIQUE HERNANDEZ	<del>600 W OAKRIDGE RD.</del> 3956 Town Center Blvd #179 Orlando FL 32837	ORLANDO FL 32809

4000003913174-9  
-03/28/01--01009--020  
\*\*\*\*300.00 \*\*\*\*300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HERNANDEZ, ENRIQUE

~~600 W OAKRIDGE RD.~~ 3956 Town Center Blvd #179  
ORLANDO FL 32809 Orlando, FL 32837

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

X

ENRIQUE HERNANDEZ

REGISTERED AGENT MUST SIGN

Date 2/15/2001

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/2001 407-858-0604  
Date Daytime Phone #

222

*Standard Diagnostic, Inc.*

**3956 Town Center Blvd., #179**

**Orlando, FL 32837**

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March 5, 2001

**Florida Department of State**

Katherine Harris

Secretary of State

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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**Subject:** Standard Diagnostic, Inc.

**Ref. Number:** P99000007695

**Letter Number:** 501A00012069

In response to the above mentioned letter number, please be advised that Standard Diagnostic, Inc. never received the filing fee document.

I would greatly be appreciated if the late fee would be waived.

Respectfully,

  
**Enrique Hernandez**