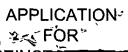
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAR -8 AM 10: 18

SECRETARY OF STATE TALLAHASSEE, FLORIDA

P99000007695 DOCUMENT #

1. Corporation Name

STANDARD DIAGNOSTIC, INC.

Principal Place of Business

600 W. OAKRIDGE RD. ORLANDO FL 32809

3956 Town Center Blul #179 ORLANDO FL 3280

If above a	ddresses are	incorrect in any way, line th	rough incorrect in	nformation and enter	correction below.	200	0-2001	UBR
New Principal Office Address, If Applicable			New Mailing Office Address, If Applicable		f Applicable	4. Date Incorp	orated or Qualified	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			To Do Busin		1/21/1999
City & State			City & State			59-35600/8 Not Applicable		
Zip	·	Country	Zip	Count	try	1. "		:75° Additional Fee required for a Certificate of Status
7. Names	and Street Add	dresses of Each Officer and	I/or Director (Flo	rida nonprofit corpo	rations must list at lea	ast 3 directors)		
Title(s)	Name of Officers and/or Directors 2				reet Address of Each ficer and/or Director		City / State / Zip	
Р	ENR	IQUE HERN	ANDEZ	-600 W 3956T	OAKRIDG Own Cent	E Ro.	ORLANDO	FL 32809
				Odaulo	, Fe I w	37		
							-03/28/01 -03/28/01 ****300.00	-01009020 0_****300.00
	· · · · · · · · · · · · · · · · · · ·							
, 	<u> </u>							
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent			
HERNANDEZ, ENRIQUE					Name			
	OAKRIDGE		in Cater Blu	Street Address (F	-i-A∸ nox N nw <u>bo</u> u	ie Not Acceptable)		

O Haulo, FC 32837 ORLANDO FL 32809

Suite, Apt. #, Etc.

City

2/15/2001

State

10. I, being appointed the registered sent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent

11. I certify that I am an officer or director or the receiver of 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 path.

SIGNATURE:

Zip Code

ب ح

Standard Diagnostic, Inc. 3956 Town Center Blvd., #179 Orlando, FL 32837

March 5, 2001

Florida Department of State

Katherine Harris
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject:

Standard Diagnostic, Inc.

Ref. Number:

P9900007695

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,