

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC -5 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000067027

1. Corporation Name

DIAGNOSTIC SUPPORT SERVICES, INC.

Principal Place of Business

215 SW 17 AVE  
STE 315  
MIAMI FL 33135

Mailing Address

215 SW 17 AVE  
STE 315  
MIAMI FL 33135

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

07/28/1999

5. FEI Number

65-0944572

Applied For

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MELENDEZ, ROBERT	215 SW 17 AVE STE 216-A	MIAMI FL 33135
VD	CARVASCO, ANGEL M M.D.	16497 N.W. 12 ST.	PEMBROKE PINES FL 33028

000009371020  
12/05/02--01028--019 \*\*750.00

8. Name and Address of Current Registered Agent

MELENDEZ, ROBERT  
215 SW 17 AVE  
STE 216-A  
MIAMI FL 33135

9. Name and Address of New Registered Agent

Name Roberto Mendez  
Street Address (P.O. Box Number is Not Acceptable)  
215 SW 17 Ave Ste. 203  
Suite, Apt. #, Etc.  
203  
City Miami State FL Zip Code 33135

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 12-01-02

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

12-01-02 305 444-3150

Date

Daytime Phone #