PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION" **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

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P99000084460

1. Corporation Name

ROMEU PATHOLOGY, INC.

Principal Place of Business

Mailing Address

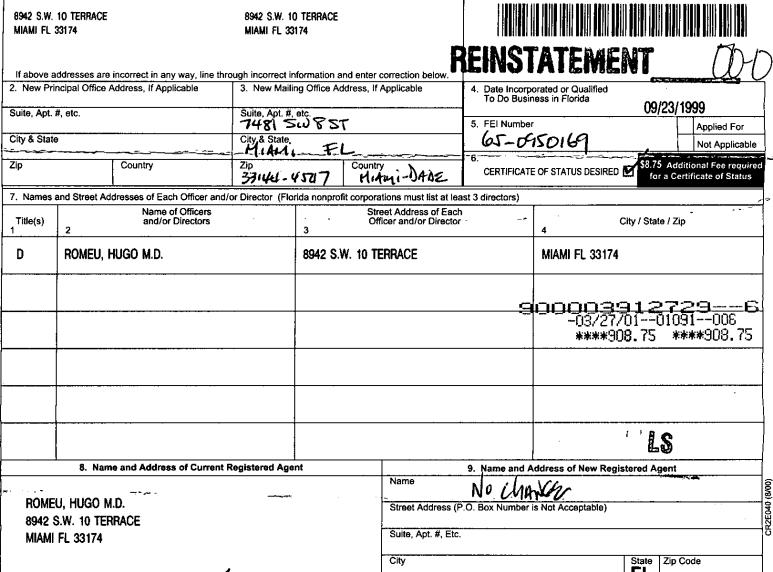
8942 S.W. 10 TERRACE MIAMI FL 33174

8942 S.W. 10 TERRACE **MIAMI FL 33174**

FILED

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SECRETARY OF STATE TALL'AHASSEE: FLORIDA



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 of Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10. I, being appointed the registered agent of the pove named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

RED AGENT MUST BIGN

3/15/2001 /305/26/-9292