

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **S88573**

1. Corporation Name

MEDICAL DIAGNOSTICS LABORATORIES, INC.

Principal Place of Business

Mailing Address

903 N STONE ST
SUITE A
DELAND FL 32720
US

903 N STONE ST
SUITE A
DELAND FL 32720
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

10/17/1991

5. FEI Number

59-3091843

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) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|----------|--------------------------------------|---|---------------------------|
| 1 | 2 | 3 | 4 |
| D | MONACO, FRANCIS P | 901 N. STONE STREET | DELAND FL <i>Deceased</i> |
| DP | BELDEN, JOHN | 901 N. STONE STREET | LAKELAND FL |
| VD | BELDEN, DOTTIE S | 901 NORTH STONE STREET | LAKELAND FL |
| | | | |
| | | | |
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| | | | |
| | | | |
| | | | |

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11/01/99--01120--005

****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BELDEN, JOHN D.
1107 OLD MILL RUN
DELAND FL 32720

Name

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

2924 GRASSLAND DR.

Suite, Apt. #, Etc.

City

Lake land

State

FL

Zip Code

33803

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

John D. Belden
REGISTERED AGENT MUST SIGN

Date 10/11/99

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:

John D. Belden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/12/99

Daytime Phone #

905/388-0033

KE