

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 JAN 22 PM 4:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

VI4020

1. Corporation Name

U.S.A. DIAGNOSTICS  
4630 N. UNIVERSITY DR.  
SUITE 310  
CORAL SPRINGS, FL 33067

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

(Same as above)

Suite, Apt. #, etc.

(Same as above)

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT 00-01**

4. Date Incorporated or Qualified To Do Business in Florida

2/14/92

5. FEI Number

65 0316702

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Steve Ketover

500003602875

6

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

4630 N. UNIVERSITY DR.

-01/30/01--01130--19

Suite, Apt. #, Etc.

4630 N. UNIVERSITY DR.

City

SUITE 310  
CORAL SPRINGS

State  
FL

Zip Code  
33067

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Steve Ketover

Date 1/16/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Nate Hollander	4630 N. UNIVERSITY DR #310	CORAL SPRINGS, FL 33067
		(Sole officer Director)	

10. 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

Date

Daytime Phone #

Nate Hollander - President 1/16/01

914-224-1657

CR2E081 (9/00)