

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN 15 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V22455

1. Corporation Name

Cedars Diagnostic Labs, Inc

2. Principal Office Address - No P.O. Box #

400 N. Ashley Dr.

Suite, Apt. #, etc.

Suite 2010

City & State

Tampa, FL

Zip

33601

Country

USA

3. Mailing Office Address

23110 S.R. 54

Suite, Apt. #, etc.

#346

City & State

Lutz, FL

Zip

33549

Country

USA

200166323072
01/15/10--01006--024 **458.75

REINSTATEMENT 08-10

4. Date Incorporated or Qualified
To Do Business in Florida

03/18/1992

5. FEI Number

650330407

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

Brett A. Verona, Esquire

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

400 N. Ashley Dr.

Suite, Apt. #, Etc.

Suite 2010

City

Tampa

State

FL

Zip Code

33601

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date 12 January 2010

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
P	Edwin A. McGusty	23110 SR 54 #346	Lutz, FL 33549
VP, S	John W. Parker III	23110 SR 54 #346	Lutz, FL 33549

10. E-mail Address: emcgusty@halthion.com

(To be used for future annual report notification)

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. I further certify, 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:

Edwin A. McGusty

Edwin A. McGusty, President

01/12/2010 8886942584

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #