

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT</p> <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>APPROVED AND FILED</p> <p>1996 DEC -9 PM 12: 10</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>																													
<p>DOCUMENT # <u>V 41805</u></p> <p>1 Corporation Name <u>Professional Diagnostic Services, Inc.</u></p>																															
<p>Principal Place of Business <u>5245 SW 92 Ave</u> <u>Cooper City FL 33328</u></p>		<p>Mailing Address <u>Same as office</u></p>																													
<p><small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small></p>																															
<p>2. New Principal Office Address, if Applicable <u>3409 SW 52nd St.</u></p>		<p>3. New Mailing Address, if Applicable <u>Same as office</u></p>																													
<p>Suite, Apt. #, etc. <u>Hollywood</u></p>		<p>Suite, Apt. #, etc. <u>FL</u></p>																													
<p>City & State <u>FL</u></p>		<p>City & State <u>33312</u></p>																													
<p>Zip <u>FL</u></p>		<p>Country <u>33312</u></p>																													
		<p>4. Date Incorporated or Qualified To Do Business in Florida <u>06/08/1992</u></p>																													
		<p>5. FEI Number <u>65-0337557</u></p>																													
		<p>6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>\$8.75 Additional Fee required for a Certificate of Status</small></p>																													
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Title(s)</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 30%;">Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P/v</td> <td>Watson, Cynthia</td> <td>3409 SW 52nd St.</td> <td>Hollywood, FL 33312</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	P/v	Watson, Cynthia	3409 SW 52nd St.	Hollywood, FL 33312																				
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<p>000002028210--9 -12/13/96--01003--007 ****583.75 ****583.75</p>																															
<p>REINSTATEMENT</p>																															
<p>8. Name and Address of Current Registered Agent <u>Watson, Cynthia</u> <u>3409 SW 52nd St.</u> <u>Hollywood, FL 33312</u></p>		<p>9. Name and Address of New Registered Agent</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Name</td> </tr> <tr> <td colspan="2">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2">Suite, Apt. #, Etc.</td> </tr> <tr> <td>City</td> <td>State Zip Code</td> </tr> <tr> <td></td> <td>FL</td> </tr> </table>		Name		Street Address (P.O. Box Number is Not Acceptable)		Suite, Apt. #, Etc.		City	State Zip Code		FL																		
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<p>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.</p> <p>Signature of Registered Agent <u>Cynthia Watson</u> Date <u>Dec. 5, 1996</u></p> <p style="text-align: center;"><small>REGISTERED AGENT MUST SIGN</small></p>																															
<p>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on Intangible tax.)</p>																															
<p>12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p>																															
<p>SIGNATURE: <u>Cynthia Watson</u> <u>Cynthia Watson</u> <u>12/5/96</u> <u>(981) 131-5150</u></p> <p style="text-align: center;"><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></p>																															

CR20040 (12/95)