

**CORPORATION REINSTATEMENT**

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

**FILED**  
**01 FEB 16 PM 2:06**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**DOCUMENT # V58119**

**1. Corporation Name**

**Comprehensive Medical Diagnostics Group, Inc.**

|                                                                                                                                                               |                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2. Principal Office Address</b><br>32 Nassau Street<br>Suite, Apt. #, etc.<br>2nd Floor<br>City & State<br>Princeton, NJ<br>Zip<br>08542<br>Country<br>USA | <b>3. Mailing Office Address</b><br>c/o Novack Burnbaum et al<br>Suite, Apt. #, etc.<br>300 E. 42nd St., 10th Fl.<br>City & State<br>New York, New York<br>Zip<br>10017<br>Country<br>USA |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**4. Date incorporated or qualified to do business in Florida** 8-17-92

**5. FEI Number** 65-0353816 **Applied For** ☐ **Not Applicable** ☐

**6. CERTIFICATE OF STATUS DESIRED** ☒ **\$0.75 Additional Fee required for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

Name **United Corporate Services, Inc.**

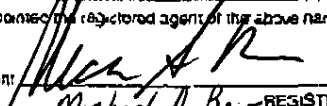
Street Address (P.O. Box Number is Not Acceptable) **9200 South Dadeland Blvd.**

Suite, Apt. #, Etc. **Suite 508**

City **Miami**

State **FL** Zip Code **33156**

**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  **Michael A. Barr** **REGISTERED AGENT MUST SIGN** **Pres.** Date **2-14-01**

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

| Title | Name of Officer and/or Director | Street Address of Each Officer and/or Director | City / State / Zip |
|-------|---------------------------------|------------------------------------------------|--------------------|
| P/D   | Ronald Wilhelm                  | 4700 Ashwood Drive                             | Cinci OH / 45241   |
|       |                                 |                                                |                    |
|       |                                 |                                                |                    |
|       |                                 |                                                |                    |
|       |                                 |                                                |                    |

**10. I certify that I am an officer or director of 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 1:9 02:31, F.S. The information provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

**SIGNATURE:**  **2/12/01 (513) 530-1600**

**SIGNATURE OF OFFICER OR DIRECTOR** **Ronald Wilhelm Pres.** Date **2/12/01** **Daytime Phone #**