PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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.

2. Principal Office Address	3. Mailing Office Address
32 Nassau Street	c/o Novack Burnbaum et al
Suite, Apt #, etc. 2nd Floor	Suite, Apt #, etc. 300 E. 42nd St., 10th Fl.
City & State Princeton, NJ	City & State New York, New York
Zip 08542 Country USA	Zip 10017 Country 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 [X] $5.00 Additional fee required

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

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****990.00 ****990.00

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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Ronald Wilheim	4700 Ashwood Drive	Cinci /OH/ 45241

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*****18.75 *****18.75

REINSTATEMENT 00-01

10. I certify that I am an officer or director of the reorganized or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that upon 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., 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: Ronald Wilheim 2/12/01 (513)530-1600

SIGNATURE OF AUTHORIZED OFFICER OR DIRECTOR — PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Ronald Wilheim, Pres.

CR2E081 (8/99)