

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V58119

1. Corporation Name

Comprehensive Medical Diagnostics Group, Inc.

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

360 Main St.

Suite, Apt. #, etc.

City & State

Washington, VA

Zip

22747

Country

USA

3. Mailing Office Address

PO Box 393

Suite, Apt. #, etc.

City & State

Washington, VA

Zip

22747

Country

USA

7. Name and Address of Current Registered Agent

Name

NRAI Services, Inc.

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

2731 Executive Park Drive

Suite, Apt. #, Etc.

Suite 4

City

Weston

State

FL

Zip Code

33331

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

NRAI Services, Inc.

By: Amy Purdy

REGISTERED AGENT MUST SIGN

Date

3/8/07

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	Joseph J. Meuse	211 Falmouth St.	Warrenton, VA 20186
D	Joseph J. Meuse	211 Falmouth St.	Warrenton, VA 20186
T	Joseph J. Meuse	211 Falmouth St.	Warrenton, VA 20186
S	Joseph J. Meuse	211 Falmouth St.	Warrenton, VA 20186

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 contained in Chapter 119, 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

3/12/07

540-675-3149

Daytime Phone #

FILED

07 MAR 13 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature

000093729210

03/19/07--01032--014 **1200.00

REINSTATEMENT

CR2E081 (1/07)

Handwritten: 04-07

4. Date Incorporated or Qualified
To Do Business in Florida

08/17/1992

5. FEI Number

30-0122874

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ 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.