

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith,
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 17 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V58119**

1. Corporation Name

COMPREHENSIVE MEDICAL DIAGNOSTICS GROUP, INC.

Principal Place of Business

Mailing Address

C/O NOVACK BURNBAUM ET AL
300 E. 42ND ST., 10TH FL.
NEW YORK NY 10017
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
26 Pine Boulevard

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakewood N.J.

City & State

Zip
08701

Country
USA

Zip

Country



4. Date Incorporated or Qualified
To Do Business in Florida

08/17/1992

5. FEI Number

65-0353816

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	Howard Ash	4233 Sherridan Avenue	Miami Beach, Fla. 33140

000009824130
01/06/03--01001--004 **750.00

8. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI FL 33156

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **12-11-02**

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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)