

<p>APPLICATION FOR REINSTATEMENT</p>		<p align="center">FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS</p>		<p align="center">DO NOT WRITE IN THIS SPACE</p> <p align="center" style="font-size: 1.5em;">FILED</p> <p align="center" style="font-size: 1.2em;">97 JAN 16 PM 1:14</p>																																	
<p>Read Instructions on Other Side Before Making Entries</p> <p>Make Check Payable To: Department of State</p>																																					
<p>1. Name and Mailing Address of Corporation: DOCUMENT # v61572</p> <p>A-PLUS DIAGNOSTIC SERVICE, INC. 11401 S.W. 40 Street Suite 327 MIAMI, FL 33165</p>			<p>2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the Corporation can be changed only by filing an amendment.</p> <p>FLORIDA</p> <p>Address 15379 S.W. 62nd Street</p> <p>Address Miami, Florida</p> <p>City and State 33193</p> <p>Zip Code</p>																																		
<p>3. Date Incorporated or Qualified To Do Business in Florida September 3, 1992</p>		<p>4. FEI Number 65-0353689</p>		<p>FEI Number Applied For</p> <p>FEI Number Not Applicable</p>																																	
<p>5. \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/></p>																																					
<p>6. Names and Street Addresses of Each Officer and/or Director</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;">1</th> <th style="width:30%;">2</th> <th style="width:35%;">3</th> <th style="width:30%;">4</th> </tr> <tr> <th>Title</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th>City and State</th> </tr> </thead> <tbody> <tr> <td>D/P</td> <td>Roque Eduardo</td> <td>574 5 N.W. 100 Terrace</td> <td>Coral Springs, Fl 33076</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>						1	2	3	4	Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City and State	D/P	Roque Eduardo	574 5 N.W. 100 Terrace	Coral Springs, Fl 33076																				
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<p style="font-size: 1.5em; opacity: 0.5;">REINSTATEMENT</p> <p style="font-size: 1.2em;">700002063307--2 -01/21/97--01024--017 ***923.75 ***923.75</p>																																					
<p>REGISTERED AGENT INFORMATION</p> <p>7. Name and Address of Current Registered Agent</p>			<p>8. Name and Address of New Registered Agent and/or Office</p> <p>Name Eduardo Roque</p> <p>Street Address (Do NOT Use P.O. Box Number) 574 5 N.W. 100 Terrace</p> <p>Street Address (Do NOT Use P.O. Box Number)</p> <p>City and State Coral Springs FL.</p> <p>Zip 33076</p>																																		
<p>9. 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 <input checked="" type="checkbox"/> <i>[Signature]</i> Date January 9, 1997</p> <p align="center">REGISTERED AGENT MUST SIGN</p>																																					
<p>10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)</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 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 of Officer or Director <i>[Signature]</i> Date January 9, 1997 Daytime Phone # 305-380-0598</p> <p>Typed or printed name of signing officer or director Eduardo Roque President.</p>																																					

CR2E040 (8/92)