

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 APR 28 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V70681**

1. Corporation Name

DIAGNOSTICS ENTERPRISES, INC.

Principal Place of Business

Mailing Address

6574 N STATE ROAD 7
SUITE 306
COCONUT CREEK FL 33073

~~6574 N STATE ROAD 7~~
~~SUITE 306~~
~~COCONUT CREEK FL 33073~~

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6099 N.W. 48TH COURT
CORAL SPRINGS FL
33067 BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

10/08/1992

5. FEI Number

65-0358396

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	KAMINESTER, BRUCE	5710 NW 74TH PL APT 304	COCONUT CREEK FL
D	HOLLANDER, NATE DELETE	9910 NW 45TH ST	CORAL SPRINGS FL
			300002184093-0 05/02/97-01113-020 ***\$915.00 ***\$915.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GREENBLATT, ELLIOT
23084 SUNFIELD DR
BOCA RATON FL 33433

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

11465 N.W. 48TH COURT
CORAL SPRINGS
FL 33076

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.

Signature of
Registered Agent

Elliot Greenblatt
REGISTERED AGENT MUST SIGN

Date

3/25/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

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., 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-24-97 954494-0137

CR2040 (7/96)