


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F05000006650 1. Entity Name MID ATLANTIC IMAGING SERVICES, INC.	
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FILED

2008 JAN 31 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 01222008 REIN-P OR2E098 (1/07) 07/08

Principal Place of Business 9051-C RED BRANCH RD COLUMBIA, MD 21045	Mailing Address 9051-C RED BRANCH RD COLUMBIA, MD 21045
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 52-1815238	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REEVES, RICHARD D 6704 HERITAGE LANE BRADENTON, FL 34209	Name Street Address (P.O. Box Number is Not Acceptable) City State: FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* DATE: **1-23-08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC <input type="checkbox"/> Delete LILLY, PAUL 9051-C RED BRANCH RD COLUMBIA, MD 21045	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100116580921 01/31/08--01035--017 **900.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VVC <input type="checkbox"/> Delete LILLY, DONNA 9051-C RED BRANCH RD COLUMBIA, MD 21045	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete VICKERS, DAVID 1033 INDEPENDENCE CT ALABASTER, AL 35007	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition William M Feehley 1414 Churchville Rd Bel Air, MD 21015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block-10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **TRUS.** DATE: **1/23/08** DAYTIME PHONE #: **410 515 5800**

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #