


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000120477

1. Corporation Name

IMAGING, INC.

Principal Place of Business

Mailing Address

4680 SOUTHWEST 64TH AVENUE
DAVIE FL 33314

POST OFFICE BOX 292290
DAVIE FL 33314-2290

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

333 29-2290

4. Date Incorporated or Qualified To Do Business in Florida

01/01/2002

5. FEI Number

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	4 City / State / Zip
PSTD	BURGOS, MARILYN C	4680 SOUTHWEST 64TH AVENUE	DAVIE FL 33314

200023967352
10/21/03--01052--003 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

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

Marilyn Burgos
REGISTERED AGENT MUST SIGN

Date

10/16/03

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:

Marilyn Burgos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/03
Date

954-327-8500
Daytime Phone #

CH2E040 (7/03)



4680 S.W. 64th Avenue - Davie, FL 33314

(954) 327-8500 - [REDACTED] Fax (954) 327-8900 - [REDACTED]

OCTOBER 17, 2003

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
409 EAST GAINES ST.
TALLAHASSEE, FL 32399

RE: IMAGING INC. - DOCUMENT # P01000120477

GENTLEMEN:

PLEASE BE ADVISED THAT WE NEVER RECEIVED THE TWO PRIOR UNIFORM BUSINESS
REPORTS.

I AM ENCLOSING OUR CHECK IN THE AMOUNT OF \$150 FOR THE FILING FEE.

THANK YOU FOR YOUR ATTENTION TO THIS MATTER.

VERY TRULY YOURS,

IMAGING INC.

A handwritten signature in cursive script that reads "Marilyn Burgos".

MARILYN BURGOS
PRESIDENT