

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

98 NOV 25 AM 9:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000016855

1. Corporation Name

INSIGHT HEALTH NETWORK, INC.

Principal Place of Business

Mailing Address

1922 N.W. 89TH TERRACE  
CORAL SPRINGS FL 33071-6176

1922 N.W. 89TH TERRACE  
CORAL SPRINGS FL 33071-6176



REINSTATEMENT

98

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

2. New Principal Office Address, if Applicable 10191 W. Sample Rd Suite, Apt. #, etc. SUITE # 100 City & State CORAL SPRINGS Zip FL 33065		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida 02/21/1997	
5. FEI Number 65-0730034		Applied For		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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/P/S	DURETZ, ALAN	1922 N.W. 89TH TERRACE	CORAL SPRINGS FL 33071
D/W	ROUTENBERG, DAVID	<del>1922 N.W. 89TH TERRACE</del>	<del>CORAL SPRINGS FL 33071</del>
		1309 SW 151 <sup>st</sup> Terrace	SUNRISE, FL 33326
600002702226--2 -12/03/98--01092--012 ***750.00 ***750.00			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FISHMAN, ALAN S ESQ.  
2301 WEST SAMPLE ROAD  
BUILDING 3, SUITE 3A  
POMPANO BEACH FL 33073

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	FL

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

*Alan S. Fishman*

REGISTERED AGENT MUST SIGN

Date 11/20/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Alan Duretz* ALAN DURETZ

Date

11/16/98

Daytime Phone #

954.344.1204

CR2E040 (8/98)