PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

 APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 OCT -6 PH 12: 47

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT #

P94000030856 1. Corporation Name

CORAL IMAGING SERVICES, INC.

Principal Place of Business

Mailing Address

1825 PONCE DE LEON BLVD. SUITE 33 CORAL GABOES FL 33134

1825 PÔNCE DE LÊQN BLVD. SUITE 333 CORAL GABLES





ZipCountry_	Zip Country		
City & State Mi Ayri CC	City & State Mi Ami C		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
2. New Principal Office Address, If Applicable	3. New Mailing Office Address, if Applicable		

REINSTATEMENT 99- Date Incorporated or Qualified
 To Do Business in Florida 04/22/1994

5. FEI Number 65-0485031

Applied For Not Applicable

\$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED for a Certificate of Status

Title(s)	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director	City / State / Zip
	VAZQUEZ, EVELIO.	4025 PONCE DE LEON BEVD. ≠333	GORAL GABLES FL 39194
STD -	FERNANDEZ, JUAN M. DE MI, SECRETARY	7 1825 PONCE DE LEON BLVD. #383	CORAL GABLES FL 80134-
<u> </u>	ant, seconder	57505W 67AUE miam, FL 23143	mipml, FC 33143
			-11/07/0001113004 ****300.00 ****300.00
7.			
	8 Name and Address of Current Registered A	dent 9. Name :	and Address of New Registered Agent

VAZQUEZ: EVELIO--1825 PONCE DE LEON BLVD. **₹333** *⊂CORAL-GABLES FL 33134*

FERMONDEL dress (P.O. Box Number is Not Acceptable) Street Address (P.O. Box 2994ムム 75 mes

Suite, Apt. #, Etc.

MiAM

Zip Code 33/25

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

REGISTERED AGENT MUST SIGN

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.

