

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 APR -4 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99060052599

1. Corporation Name

Radiology Consultants of Palm Beach, Inc.

2. Principal Office Address

6766 Forest Hill Blvd

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33415

Country

USA

3. Mailing Office Address

2456 Hollywood Blvd.

Suite, Apt. #, etc.

300

City & State

Hollywood, FL

Zip

33020

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/7/99

5. FEI Number

65-0944328

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mariano R. Gonzalez

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

15600 N.W. 67th Avenue

Suite, Apt. #, Etc.

Suite 308

City

Miramar

State
FL

Zip Code

33014

000004014910-6
-04/18/01--01020--004
*****900.00 *****900.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 3/29/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	VLADIMIR GRUJA	923 Captiva Drive	Hollywood, FL, 33019
Vice President CEO	MARK GRUJA	1024 Harrison Street	Hollywood, FL, 33019

REINSTATEMENT 00-01 **78**

10. 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:

Mark Gruja - Mark Gruja

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/01

Date

(954) 929-3449

Daytime Phone #

CR2E081 (9/00)