

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 APR -3 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000093053**

1. Corporation Name

Advanced Imaging Network, Inc.

2. Principal Office Address

2450 Hollywood Blvd.

Suite, Apt. #, etc.

300

City & State

Hollywood, FL

Zip

33020

Country

USA

3. Mailing Office Address

2450 Hollywood Blvd.

Suite, Apt. #, etc.

300

City & State

Hollywood, FL

Zip

33020

Country

USA

700015285317
04/03/03--01041--006 **1050.00
REINSTATEMENT 01-03

4. Date Incorporated or Qualified
To Do Business in Florida

1995

5. FEI Number

650568580

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

Mark Grnja

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

2450 Hollywood Boulevard

Suite, Apt. #, Etc.

300

City

Hollywood

State

FL

Zip Code

33020

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

Date

3/28/03

REGISTERED AGENT MUST SIGN

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
P	Vladimir Grnja	923 Captiva Drive	Hollywood, FL 33019
VP	Mark Grnja	1024 Harrison Street	Hollywood, FL 33019

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Grnja

3/28/03

Date

(954) 924-3449

Daytime Phone #

CR2E081 (10/02)

gr 4/4