

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

97 APR 28 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 744833

1. Corporation Name

CUBAN RADIOLOGICAL SOCIETY, INC.

Principal Place of Business

Mailing Address

REINSTATEMENT 95-97
mwb

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

2. New Principal Office Address, If Applicable c/o Rolando Lopez, MD Suite, Apt. #, etc. 5959 NW 7th Street City & State Miami, FL Zip 33126 Country Dade		3. New Mailing Office Address, If Applicable c/o Barouh, Perera & Assoc Suite, Apt. #, etc. 48 E Flagler St Ste 368 City & State Miami, FL Zip 33131 Country Dade		4. Date Incorporated or Qualified To Do Business In Florida 11/03/1978	
5. FEI Number 65-0034883				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
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
P/D	MONTALVO, BERTA M.	1740 S Bayshore Dr	Miami, FL 33133
T/D	LOPEZ, ROLANDO	2501 SW 118th Court	Miami, FL 33175
S/D	ROJO, NICOLAS A.	5604 War Adminral Rd	Palm Beach Gardens, FL 33418
			400002167174--4 -05/06/97--01048--007 ****358.75 ****358.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name ROLANDO LOPEZ		
Street Address (P.O. Box Number is Not Acceptable) 2501 SW 118th Court		
Suite, Apt. #, Etc.		
City Miami	State FL	Zip Code 33133

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **04/24/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Rolando Lopez-Treasurer

04/24/97

Date

305-265-6416

Daytime Phone #

CR2040 (12/96)