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01-11-2007 12:47 VIC 18475775969

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01000005494

1. Corporation Name
VIC IMAGING CORP.

2. Principal Office Address	3. Mailing Office Address
5410 Newport Drive	SAME
Suite 36	
Rolling Meadows, IL	
60008 USA	

CR2E061 (12/05)

4. Date Incorporated or Qualified To Do Business In Florida: 10/18/01

5. FEI Number: 522225532 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: CT Corporation System

1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

B 1/18/07
REINSTATEMENT 03-07

8. I, being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: James M. Halpin Assistant Secretary Date: 1-11-07

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Thomas Beverly	5410 Newport Drive, Ste. 36	Rolling Meadows, IL 60008
S	Jill Beverly	5410 Newport Drive, Ste. 36	Rolling Meadows, IL 60008
VP	Beth Gallagher	5410 Newport Drive, Ste. 36	Rolling Meadows, IL 60008
VP	Bert Winkler	5410 Newport Drive, Ste. 36	Rolling Meadows, IL 60008
D	Thomas Beverly	5410 Newport Drive, Ste. 36	Rolling Meadows, IL 60008

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 contained in Chapter 119, 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: J. Beverly 01-11-07 847 368-6378

SIGNATURE AND TYPED OR PRINTED NAME OF PRESIDENT, OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

VIC IMAGING CORP.

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