

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F14000001389

1. Corporation Name

Sentinel Diagnostic Imaging Inc.

2. Principal Office Address - No P.O. Box #

% Florida Innovation Hub

Suite, Apt. #, etc.

747 SW 2nd Ave., IMB #20, Suite 244

City & State

Gainesville, Florida

Zip

32601

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

714 Saddlebrook Drive

City & State

Colleyville, Texas

Zip

76034

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/27/2014

5. FEI Number

46-4835559

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
X

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Courtney Williams

Date 04.25.16

REGISTERED AGENT MUST SIGN Asst. Vice President

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 |
|----------------------|--------------------------------------|---|----------------------------|
| CPST | David Meadows | 714 Saddlebrook Drive | Colleyville, Texas 76034 |
| Director | David Meadows | 714 Saddlebrook Drive | Colleyville, Texas 76034 |
| Director | Gerald Kluft | 660 Belle Park Circle | Nashville, Tennessee 37205 |
| REINSTATEMENT | | | |
| 2015-2016 | | | |
| | | | |
| | | | |

10. E-mail Address: david.meadows.constellation@gmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2016

Date

Daytime Phone #

FILED
2016 APR 25 PM 4:43

TALLAHASSEE, FL 32301

100284989871
APR 25 2016

L BERGER

CR2E081 (11/10)

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 115937 4347023

AUTHORIZATION :

COST LIMIT : \$ 900.00

ORDER DATE : April 25, 2016

ORDER TIME : 3:40 PM

ORDER NO. : 115937-005

CUSTOMER NO: 4347023

REINSTATEMENT

NAME: SENTINEL DIAGNOSTICS
IMAGING INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS _____