

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC -1 PM 2:05

DOCUMENT # F99000006191

1. Corporation Name Mobile PET Systems, Inc.

600003500686--9
-12/13/00--01117--028
****750.00 ****750.00

2. Principal Office Address

2240 Shelter Island Dr.

Suite, Apt. #, etc.

Suite 205

City & State

San Diego, CA

Zip

92106

Country

USA

3. Mailing Office Address

Same as line 2

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/1/1998

5. FEI Number

33-0831137

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

David Boatner

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

2787 S.E. 14th Street

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33062

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

[Signature]

Date 11/25/00

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
CEO	Paul J. Crowe	Same as line 2	Same as line 2
CFO	Thomas G. Brown		
SVP	Jim Corlett		
DIR	Robert Bush		
DIR	Van Gothner		
DIR	Brent Nelson		

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/28/00

Daytime Phone #

CR2081 (9/99)