

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # H43399

1. Entity Name
GENERAL IMAGING CORP.



Principal Place of Business
1950 NE 27TH AVENUE
GAINESVILLE, FL 32609 US

Mailing Address
1950 NE 27TH AVENUE
GAINESVILLE, FL 32609 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04112008

REIN-P

CR2E098 (1/07)

4. FEI Number

59-2598901

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCOTT, STEPHEN A., ESQ.
728 N.W. 8TH AVENUE
GAINESVILLE, FL 32601

7. Name and Address of New Registered Agent

Name

JOHN D COX

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

1950 NE 27 AVE

City

GAINESVILLE

FL

Zip Code

32609

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

JOHN D COX, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

4/14/08

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE ~~PHD~~ ☐ Delete
NAME COX, JOHN D., PH.D.
STREET ADDRESS 1950 NE 27TH AVENUE
CITY-ST-ZIP GAINESVILLE, FL 32609

TITLE SD ☒ Delete
NAME FOWLER, DAVID E
STREET ADDRESS 1950 NE 27TH AVENUE
CITY-ST-ZIP GAINESVILLE, FL 32609

TITLE ~~PHD~~ ☐ Delete
NAME DUDEY, NORMAN A.
STREET ADDRESS 1950 NE 27TH AVENUE
CITY-ST-ZIP GAINESVILLE, FL 32609

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DIRECTOR ONLY ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN D COX

4/14/08

Date

352 494 5172

Daytime Phone #

FILED

2008 APR 14 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

