

2004

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

~~CORPORATION~~
~~REINSTATEMENT~~FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 16 AM 7:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H61641

1. Corporation Name

Reliable Radiographic Services Inc.

2. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

4377 Rock Island Rd.

Suite, Apt. #, etc.

City & State

Lauderhill, FLA.

Zip

33319

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2565322

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

Markowitz, Steven

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

4637 Carambola Circle

Suite, Apt. #, Etc.

City

Coconut Creek

State

FL

Zip Code

33066

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

REGISTERED AGENT MUST SIGN

Date 7-12-04

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
Pres.	Antonoff, Isidore	7404 Woodmont Ct.	Boca Raton, FL 33434
V.P.	Markowitz, Steven	4637 Carambola Circle	Coconut Crk, FL 33066

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-04

Date

954-733-5008

Daytime Phone #

CR2E081 (01/04)

RELIABLE RADIOGRAPHIC SERVICES, INC.**4377 Rock Island Road****Lauderhill, FL 33319**

Telephone: 954-733-5008 • 305-274-1255

Fax: 954-731-5222

7-11-04

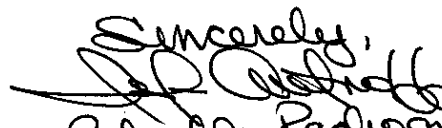
Florida Dept. of State
Division of Corporations

Re: Document # H61641

Dear Sirs,

I did not receive an application for renewal. I am filing for reinstatement enclosed is my check for \$150.00 + 8.75 check for Cert. of Status

Sincerely,

 J. P. Walsh Pres.
Reliable Radiographic Ser. Inc.