

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # H96579

1. Corporation Name

MOBILE X-RAY SPECIALISTS, INC.

FILED

02 MAR 18 PM 4:16

Principal Place of Business

150 WILDFIRE ST
LONGWOOD FL 32720
US

Mailing Address

C/O EDWARD M LIVINGSTON ESO
P.O BOX 1599
WINTER PARK FL 32790
US

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

P.O. BOX 520815
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

01/29/1986

5. FEI Number

59-2273948

Applied For

Not Applicable

City & State

Longwood, FL

City & State

Zip 32752

Country

USA

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$875 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PDM	MCDONOUGH, KEVIN P.	P.O. BOX 521292	LONGWOOD FL 32752

800005182098--5
04/02/02 01021 012
****900.00 ****900.00

8. Name and Address of Current Registered Agent

LIVINGSTON, EDWARD M
628 ELLEN DR
WINTER PARK FL 32789

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Date

Mar 6, 2002

EDWARD M. LIVINGSTON REGISTERED AGENT MUST SIGN

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., 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:

President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KEVIN P. MCDONOUGH, President

Date

Daytime Phone #

3/6/2002

CR2040 (801)