

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



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

**FILED**

00 DEC 18 PM 1:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **599372**

1. Corporation Name

**SOUTHEAST IMAGING SYSTEMS, INC.**

2. Principal Office Address

**2565 PEMBERTON DR**

Suite, Apt. #, etc.

3. Mailing Office Address

**4345 SOUTHPOINT BLVD**

Suite, Apt. #, etc.

City & State

**APOPKA, FL**

City & State

**JACKSONVILLE, FL**

Zip

**32703**

Country

**USA**

Zip

**32216**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**10/23/87**

5. FEI Number

**59-2854794**

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

**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

**Deborah D. Skipper**

**Deborah D. Skipper**  
as its agent

Date **12-18-00**

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
P/D	DAVID A. SMITH	4345 SOUTHPOINT BLVD	JACKSONVILLE, FL 32216
VP	KEVIN P. ENGLISH	4345 SOUTHPOINT BLVD	JACKSONVILLE, FL 32216
VP/S	DAVID KLARNER	4345 SOUTHPOINT BLVD	JACKSONVILLE, FL 32216

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

**DAVID A. SMITH**  
Vice President and Secretary

Date

**12/15/00**

Daytime Phone #

**904-332-3000**



208

ACCOUNT NO. : 072100000032  
REFERENCE : 933934 4305845  
AUTHORIZATION : *Patricia Pizeto*  
COST LIMIT : \$ 758.75

ORDER DATE : December 15, 2000  
ORDER TIME : 10:04 AM  
ORDER NO. : 933934-005  
CUSTOMER NO: 4305845  
CUSTOMER: Mr. Christophe Aba  
Willkie Farr & Gallagher  
787 Seventh Avenue  
New York, NY 10019-6099

DOMESTIC FILINGS

NAME: SOUTHEAST IMAGING SYSTEMS, INC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EXT: 1156  
EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
00 DEC 18 AM 10:37  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA