

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 29 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K54606

1. Corporation Name

MIAMI PORTABLE X-RAY SERVICE, INC.

Principal Place of Business

1660 W 38 PLACE
HIALEAH FL 33012
US

Mailing Address

1660 W 38 PLACE
HIALEAH FL 33012
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/29/1988

5. FEI Number

59-2722174

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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
D	GUZMAN, OCTAVIO	1660 W 38 PL	HIALEAH FL 33012

500008685755
10/30/02--01012--002 **150.00

8. Name and Address of Current Registered Agent

MICHAELS, MARVIN D
1010 S.W. 86TH CT
MIAMI FL 33144

9. Name and Address of New Registered Agent

Name

OCTAVIO GUZMAN

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

1660 W 38 PL

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33012

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-24-02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-24-02 (305) 512-4057

CR0040 (8/02)

MIAMI PORTABLE X-RAY SERVICES

TO: DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
P.O. BOX 6327
TALLAHASSEE FL 32314

TO WHOM IT MAY CONCERN:

I, OCTAVIO GUZMAN AS PRESIDENT AND OWNER WILL LIKE TO
REINSTATE THIS CORPORATION, THE PRIOR UBR NOTICES WERE NOT RECEIVED
ENCLOSE PLEASE FIND THE \$150.00 FILING FEE AND THE APPLICATION.

SINCERELY


OCTAVIO GUZMAN