

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 30 PM 5:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Cypress Imaging Center, Inc.

2. Principal Office Address

4630 N. University Dr.

Suite, Apt. #, etc.

Suite 343

City & State

Coral Springs, FL

Zip

33067

Country

USA

3. Mailing Office Address

6161 NW 84 Ter

Suite, Apt. #, etc.

FL

City & State

Portland FL

Zip

33067

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1984

5. FEI Number

650122628

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

Rouel Walker

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

6161 NW 84 Ter

Suite, Apt. #, Etc.

City

Portland

State
FL

Zip Code

33067

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

Rouel Walker

REGISTERED AGENT MUST SIGN

Date

4/23/04

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 |
|-----------|--------------------------------------|---|----------------------|
| President | Rouel Walker | 6161 NW 84 Ter | Portland FL 33067 |
| | | | |
| | | | |
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REINSTATEMENT

15302

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

Rouel Walker

Date

4/23/04

Daytime Phone #

MW

CR20081 (01/04)

Cypress Imaging Center
Rouel Walker
4630 North University Drive
Suite 343
Coral Springs, FL 33067

April 23, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32399

Re: **Cypress Imaging Center**
Incorporation No.: **K91572**

To Whom It May Concern:

This letter is to inform your organization that I wish to reinstate Cypress Imaging Center as a corporation within the State of Florida. The last filing for my corporation was in the year 2000. However, I did not receive the dissolution papers for the year 2000. Therefore, pursuant to discussions with your office staff, I am enclosing the fee of \$750.00 and the corporation reinstatement application to have my for-profit incorporation reinstated.

Should you have any questions regarding this matter, please do not hesitate to contact me at (954) 753-3409. Thank you in advance for your complete cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read "Rouel Walker", written in a cursive style.

Rouel Walker, President
Cypress Imaging Center

Enclosures