

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

3. Mailing Office Address

4630 N. University Dr.

6161 NW 84 Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 343

~~Box~~

City & State

City & State

Coral Springs, FL

Portland FL

Zip

Country

Zip

Country

33067

USA

33067

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

400036200244

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

6161 NW 84 Terr

05/12/04--01048--029 \*\*750.00

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 Terr	Portland FL 33067

REINSTATEMENT 1304

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:

*Rouel Walker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/04

Date

Daytime Phone #

*MW*

CR2E081 (01/04)

Cypress Imaging Center  
Rouel Walker  
4650 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,



Rouel Walker, President  
Cypress Imaging Center

Enclosures