

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Kathleen Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAY -5 PM 3:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L 000000000 414

## 1. Limited Liability Company's Name

Dupal Imaging LLC.

## 2. Principal Office Address

1561 Cassat Ave  
Suite, Apt. #, etc.

## 3. Mailing Office Address

6271 St. Augustine Rd.  
Suite, Apt. #, etc.  
218

## City &amp; State

Jax Fla.

## City &amp; State

Jax Fla

## Zip

32210

## Country

Dupal

## Zip

32217

## Country

Dupal

## 4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

01/11/2000

## 6. FEI Number

593617389

## Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒\$5.00 Additional Fee required  
for a Certificate of Status

## 8. Name and Address of Current Registered Agent

## Name

Jewel Scarlett M.D.

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

6271 St. Augustine Rd.

## Suite, Apt. #, Etc.

218

## City

Jax

## State

FL

## Zip Code

32217

## 9. I, being appointed the registered agent for the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered AgentJ. Scarlett  
REGISTERED AGENT MUST SIGN

Date

3-25-03

## 10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR.	Jewel Scarlett M.D.	6271 St. Augustine Rd	Jax Fla 32217
Manager	Tina Valdez	1561 Cassat Ave	Jax Fla. 32210

REINSTATEMENT 01-03

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

J. Scarlett

Date

3-25-03

Daytime Phone #

904-981-9917

Typed or printed name of signing Managing Member/Manager