

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

**REINSTATEMENT
FILED**

2001

01 OCT 26 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

L-648
Open MRI of Fort Walton, LLC

2. Principal Office Address

908 Mar Walt DR.

Suite, Apt. #, etc.

City & State

Ft Walton Beach FL

Zip

32547

Country

USA

3. Mailing Office Address

4300 North Point PKY

Suite, Apt. #, etc.

City & State

Alpharetta GA

Zip

30022

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

12/26/00

6. FEI Number

59.3551727

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$500 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

John K. Luke

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

4511 N. Davis Hwy

Suite, Apt. #, Etc.

Ste 1-B

City

Pensacola

State

FL

Zip Code

32503

500004663045-0

11/01/01-01064-007

****150.00 ****150.00

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

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

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
Pres	John K. Luke	4300 North Point PKY	Alpharetta GA 30022
CEO	Gene Vemesky	4300 North Point PKY	Alpharetta GA 30022
Sect.	Thomas C. Bentley	4300 North Point PKY	Alpharetta GA 30022

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

Date

10/24/01

Daytime Phone #

770-300-0101

Typed or printed name of signing Managing Member/Manager

Thomas C. Bentley

CR2E041 (9/01)