

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>L-12176</u>			
1. Limited Liability Company's Name <u>Advanced Nuclear Imaging Technology, L.L.C.</u>			
2. Principal Office Address <u>10900 63rd Way N</u>		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Pineellas Park, FL.</u>		City & State	
Zip <u>33782</u>	Country <u>Pinellas</u>	Zip	Country
4. State/Country of Formation <u>Florida</u>		5. Date Organized or Qualified To Do Business in Florida <u>10-5-2000</u>	
6. FEI Number <u>59-3700014</u>		Applied For ☐ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☐		\$300 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name <u>Henry J Rogers III</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>10900 63rd Way North</u>			
Suite, Apt. #, Etc.			
City <u>Pineellas Park</u>		State <u>FL</u>	Zip Code <u>33782</u>
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.			
Signature of Registered Agent <u>Henry J Rogers III</u>		Date <u>10-17-01</u>	
REGISTERED AGENT MUST SIGN			
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
<u>MGR</u>	<u>Henry J Rogers III</u>	<u>10900 63rd Way North</u>	<u>Pineellas Park, FL 33782</u>
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, 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 605.406, 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 <u>Henry J Rogers III</u>		Date <u>10-17-01</u>	
Typed or printed name of signing Managing Member/Manager <u>Henry J Rogers III</u>		Daytime Phone <u>(727) 647-0373</u>	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2001

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