

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Division of Corporation  
and Commercial Regulation

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

1. DOCUMENT # L00000013221

Name and Mailing Address

0004087 01 FP 0.352 \*\*PRSR: T3 0 0615 33418-682011

000009345620

FLAGLER IMAGING, LLC

11 SHELDRAKE LANE

PALM BEACH GARDENS FL 33418-6820

12/04/02--01030--003 \*\*150.00



REINSTATEMENT 2002

CR2E084 (8/02)

2. New Mailing Address  City, State, Zip		4. State/Country of Formation  FL	
Principal Place of Business 11 SHELDRAKE LANE PALM BEACH GARDENS FL 33418		5. Date Organized or Qualified To Do Business in Florida 10/25/2000	
3. New Principal Place of Business Address  City, State, Zip		6. FEI Number 65-1152761 APPLIED FOR	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent  BURKE, ROBERT D 11 SHELDRAKE LANE PALM BEACH GARDENS FL 33418		9. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code	
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10. 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 [Signature] Date 11/30/02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	BURKE, ROBERT D	11 SHELDRAKE LANE	PALM BEACH GARDENS FL 33418

12. 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 [Signature] Date 11/30/02 Daytime Phone # 561 626-2787

Typed or printed name of signing Managing Member/Manager