

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 11 AM 9:52

DOCUMENT #

1. Limited Liability Company's Name

L01000005378

ACCUSCAN IMAGING LLC

2. Principal Office Address

5008 NW 10TH PL

Suite, Apt. #, etc.

City & State

GAINESVILLE FL

Zip

32605

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

FL

Zip

Country

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

3-15-01

6. FEI Number

☒ 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

EDDIE O. SANCHEZ

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

5008 NW 10TH PL

Suite, Apt. #, Etc.

City

GAINESVILLE, FL

State

FL

Zip Code

32605

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

[Signature]

Date 8/14/06

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
PRES	DEBORAH SANCHEZ	5008 NW 10 TH PL	GAINESVILLE, FL 32605
V.P.	EDDIE O. SANCHEZ	5008 NW 10 TH PL	GAINESVILLE, FL 32605

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

[Signature]

Date 8/14/06

Daytime Phone # 352-682-4080

Typed or printed name of signing Managing Member/Manager

EDDIE O. SANCHEZ