

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jeffrey Whitth
Secretary of State
DIVISION OF CORPORATIONS

FILED
2002 NOV -1 PM 2:46
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000007569

Name and Mailing Address

0003536 01 FP 0.352 **PRSRT T1 0 0615 33325-622780



NATIONAL IMAGING SPECIALISTS, LLC
13798 N.W. 4TH STREET
SUITE 305
SUNRISE FL 33325-6227



2. New Mailing Address

City, State, Zip

Principal Place of Business

13798 N.W. 4TH STREET
SUITE 305
SUNRISE FL 33325

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

05/14/2001

6. FEI Number

65-1103361

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

CORPDIRECT AGENTS
103 NORTH MERIDIAN STREET
LOWER LEVEL
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Pam Wolfe

Date 11-1-02

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
P	MICHAEL ZLATKIN, M.D.	13798 NW 4th St #305	Sunrise, FL 33325
T/S	JOSEPH KLEINMAN, M.D.	13798 NW 4th St #305	Sunrise, FL 33325

300008765473
11/01/02--01090--006 **155.00

REINSTATEMENT 2002

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

MSA

Date 10-26-02

Daytime Phone # 954-846-1117

Typed or printed name of signing Managing Member/Manager

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILED
2002 NOV -1 PM 2:46
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: Pam
DATE: 11-1-02
REF. #: RA 0211. 10411
CORP. NAME: National Imaging Specialists, LLC

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input checked="" type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1 | <input type="checkbox"/> UCC-3 |
| <input type="checkbox"/> OTHER: _____ | | |

RECEIVED
02 NOV -1 PM 2:21
DIVISION OF CORPORATION

STATE FEES PREPAID WITH CHECK# _____ FOR \$ _____

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|---|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input checked="" type="checkbox"/> CERTIFICATE OF STATUS | | |