

# LO1000017386

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAY 14 PM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **LO1000017386**

1. Limited Liability Company's Name

**PDS IMAGING of Pensacola, LLC**

2. Principal Office Address

**790 Church Street**

Suite, Apt. #, etc.

**Suite 100**

City & State

**Marietta GA**

Zip

**30062**

Country

**USA**

3. Mailing Office Address

**SAME**

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

**FL**

5. Date Organized or Qualified  
To Do Business in Florida

**Sept 2001**

6. FEI Number

**030377882**

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

**Corporation Service Company**

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

**1201 HAYS STREET**

Suite, Apt. #, Etc.

City

**Tallahassee**

State

**FL**

Zip Code

**32301-2525**

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

**Brian Courtney  
Asst. V. Pres.**

Date

**5/6/03**

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
Manager	Chris Walter	1051 Cockren Drive	Kennesaw, GA 30152

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 **4/24/03**

Daytime Phone # **678-524-4197**

Typed or printed name of signing Managing Member/Manager

**CHRIS WALTER**

CR2E041 (10/02)