

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV -8 AM 10:53

DOCUMENT # L 02000005182

1. Limited Liability Company's Name

IMAGING GURUS, L.L.C.
12075 NORTHWEST 39th STREET
CORAL SPRINGS, FLORIDA 33065

2. Principal Office Address

12075 NORTHWEST 39th STREET

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FLORIDA

Zip

33065

Country

U.S.A.

3. Mailing Office Address

12075 NORTHWEST 39th STREET

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FLORIDA

Zip

33065

Country

U.S.A.

4. State/Country of Formation

FLORIDA U.S.A.

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

February 28, 2002

6. FEI Number

74-3037983

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

RICHARD LOPEZ

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

12075 NORTHWEST 39th STREET

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33065

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

REGISTERED AGENT MUST SIGN

Date

11-1-08

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
MGRM	RICHARD LOPEZ	12075 NORTHWEST 39th STREET	CORAL SPRINGS, FLORIDA 33065

REINSTATEMENT 03-05

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11/08/05 01038 029 **250.00

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

11-1-08

Daytime Phone #

754-818-4644

Typed or printed name of signing Managing Member/Manager

RICHARD LOPEZ

CR20041 (10/02)