

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 OCT 13 AM 9:23

DOCUMENT # L03000048130

1. Limited Liability Company's Name

New Imaging Technologies LLC

2. Principal Office Address

9499 Collins Ave

Suite, Apt. #, etc.

#1005

City & State

Surfside, Florida

Zip
33154

Country
USA

3. Mailing Office Address

9499 Collins Ave

Suite, Apt. #, etc.

#1005

City & State

Surfside, Florida

Zip
33154

Country
USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

Nov. 2003

6. FE Number

20-046266

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$3.00 Additional Fee required
for a Certificate of Status

CR2E041 (8/05)

8. Name and Address of Current Registered Agent

Name

Craig V. Sizer

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

9499 Collins Ave

Suite/Apt. #, Etc.

#1005

City

Surfside

State

FL

Zip Code

33154

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

Craig V. Sizer

Date

10/11/06

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
CEO	Craig V. Sizer	9499 Collins Ave #1005	Surfside FL 33154

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

Craig V. Sizer

Date

10/11/06

Daytime Phone #

(305) 244-8427

Typed or printed name of signing Managing Member/Manager