

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000059852

FILED
Oct 24, 2008
Secretary of State

Entity Name: DMX IMAGING OF THE PALM BEACHES, LLC

Current Principal Place of Business:

3015 S. CONGRESS AVE., SUITE 2
LAKE WORTH, FL 33461

New Principal Place of Business:

Current Mailing Address:

3015 S. CONGRESS AVE., SUITE 2
LAKE WORTH, FL 33461

New Mailing Address:

FEI Number: 20-3044748 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CORKINS, GLENN
3015 S. CONGRESS AVE., SUITE 2
LAKE WORTH, FL 33461 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GLENN CORKINS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CORKINS, GLENN
Address: 3015 S. CONGRESS AVE., SUITE 2
City-St-Zip: LAKE WORTH, FL 33461

Title: MGRM () Delete
Name: CORKINS, BETZI
Address: 3015 S. CONGRESS AVE. SUITE 2
City-St-Zip: LAKE WORTH, FL 33461

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GLENN CORKINS

DR

10/24/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date