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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

06 JAN -4 PM 4:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L55392

1. Corporation Name  
CARDIOVASCULAR DIAGNOSTIC  
IMAGE, INC.

600062627808  
01/04/06--01017--011 \*\*\$308.75

2. Principal Office Address  
10621 NORTH Kendall drive

3. Mailing Office Address  
P.O BOX

Suite, Apt. #, etc.  
SUITE 101

Suite, Apt. #, etc.  
651068

REINSTATEMENT 05-06

City & State  
MIAMI FL

City & State  
MIAMI Florida

4. Date Incorporated or Qualified  
To Do Business in Florida 03-13-1990

Zip  
33176

Country

Zip  
33265

Country

5. FEI Number  
65-0177232

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
EDELIO MIRABOLO PRESIDENT.  
Street Address (P.O. Box Number is Not Acceptable)  
10621 NORTH Kendall DRIVE  
Suite, Apt. #, Etc.  
SUITE 101  
City  
MIAMI  
State  
FL  
Zip Code  
33176

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Date 12-26-2005

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	EDELIO MIRABOLO	10621 N. Kendall Drive SUITE 101	MIAMI FL 33176

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/26/2005

Date

786-337-2584  
(305) 207-9960  
Daytime F1 one #

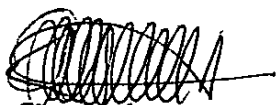
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**CARDIOVASCULAR DIAGNOSTIC IMAGES  
10621 N KENDALL DR. SUITE 101  
PHONE: 305-2079960 FAX 305-207-  
9948**

To whom it may concern,

The reason for this letter is to inform the Edelio Mirabolo has sent out a check in payment of 2005 for the amount on \$150.00. I have gone through all my banking records and have realized check was never cashed. Please do not apply any charges or penalties to my account. I have never received any notification from the state of Florida in regards to this matter. Enclosed you will find a check in payment for 2005 – 2006. I am very sorry for any delays.

Please do not hesitate to contact me for further information.



Sincerely  
President  
Edelio Mirabolo  
Direct line # 786-3372584

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