

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 20 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L66370

1. Corporation Name

IMAGING TECHNOLOGY SERVICES, INC.

Principal Place of Business

8728 PHILLIPS HWY.
SUITE 201
JACKSONVILLE FL 32207

Mailing Address

3728 PHILLIPS HWY.
SUITE 201
JACKSONVILLE FL 32207

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

4613 Phillips Hwy

Suite, Apt. #, etc.

Suite 202

City & State
JACKSONVILLE FL

Zip Country

32207

3. New Mailing Office Address, If Applicable

655 LAMBERT DR, NE

Suite, Apt. #, etc.

City & State
ATLANTA GA

Zip Country

30324

4. Date Incorporated or Qualified
To Do Business in Florida

04/16/1990

5. FEI Number

58-2349137

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PS	POPE, CARTER D	655 LAMBERT DRIVE	ATLANTA GA 30324
VP	ADAMS, KENNETH	655 LAMBERT DRIVE	ATLANTA GA 30324
VP	WELCH, JONATHAN W	655 LAMBERT DRIVE	ATLANTA GA 30324
VP	William Cook	655 LAMBERT DR	ATLANTA, GA 30324

8. Name and Address of Current Registered Agent

HEY, RICK
3728 PHILLIPS HIGHWAY
SUITE 201
JACKSONVILLE FL 32207

9. Name and Address of New Registered Agent

Name

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

4613 Phillips Hwy

Suite, Apt. #, Etc.

Suite 202

City

JACKSONVILLE

State

FL

Zip Code

32207

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11-12-02

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-14-02

404-888-6303

Date

Daytime Phone #

CR2E040 (8/02)