

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L99-S095

1. Limited Liability Company's Name

PresGar Imaging of Delray, L.C.

2. Principal Office Address

4800 Linton Blvd

Suite, Apt. #, etc.

E-310

City & State

Delray Beach, FL

Zip

33445

Country

USA

3. Mailing Office Address

14055 Riveredge Dr.

Suite, Apt. #, etc.

Suite 350

City & State

Tampa, FL

Zip

33637

Country

USA

REINSTATEMENT

200

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

August, 1999

6. FEI Number

59-3593170

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

John N. Giordano

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

220 S. Franklin St.

Suite, Apt. #, Etc.

000004702490-6

-12/03/01--01066--005

******155.00 ****155.00**

City

Tampa

State

FL

Zip Code

33602

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

John N. Giordano

REGISTERED AGENT MUST SIGN

Date **11/4/01**

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
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MGR	Gary Wright	14055 Riveredge DR. #350	Tampa, FL 33637

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

Gary Wright

Date **10/22/01**

Daytime Phone # **(813) 977-8756**

Typed or printed name of signing Managing Member/Manager

Gary Wright

CR2E041 (9/01)