

2007 LIMITED LIABILITY COMPANY REINSTATEMENT



FILED

2007 NOV 14 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M06000001190 1. Entity Name UNIVERSAL IMAGING OF FLORIDA, LLC	
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Principal Place of Business 14462 COMMERCE WAY MIAMI LAKES, FL 33016	Mailing Address 14462 COMMERCE WAY MIAMI LAKES, FL 33016
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 60 LongRidge Rd. Suite, Apt. #, etc. Suite 401 City & State Stamford, CT Zip 06902
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10052007	REIN-LLC	CR2E101 (1/07)
4. FEI Number 83-0445199	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Ann R. Shilling, Asst. V.P. / Corporation Service Company Nov. 6, 2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to: Florida Department of State
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9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME	MGR BRAVER, ANDREW F	<input type="checkbox"/> Delete		TITLE NAME	SUITE 401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	60 LONG RIDGE ROAD			STREET ADDRESS			
CITY-ST-ZIP	STAMFORD, CT 06902			CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS	700111020357		
CITY-ST-ZIP				CITY-ST-ZIP	10/19/07-01064-010 **50.00		
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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CITY-ST-ZIP				CITY-ST-ZIP			
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STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [Signature] 203-388-0030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #