

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 19 PM 2: 44

DOCUMENT # **M25267**

1 Corporation Name

NORTH BROWARD MRI CONSULTANTS, INC.

Principal Place of Business

Mailing Address

1625 SE 3RD AVE 400
PO BOX 350248
FORT LAUDERDALE FL 33335-248
US

1625 SE 3RD AVE 400
PO BOX 350248
FORT LAUDERDALE FL 33335-248
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/31/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2658395

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	DICKENS, WILLIS N. M	1625 SE 3RD AVE 400 -	FT. LAUDERDALE FL
VST	SCHNELL, ROGER G M	1625 SE 3RD AVE - STE 400	FORT LAUDERDALE FL
D	SCHNELL, ROGER (DR)	1625 SE 3RD AVE #400	FT. LAUDERDALE FL
D	SCHNELL, ROGER G	1625 SE 3RD AVE STE 400 -	FORT LAUDERDALE FL 48

REINSTATEMENT

96

12/19

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DICKENS, WILLIS N M
1625 SE 3RD AVE 400
PO BOX 350248
FORT LAUDERDALE FL 33335

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

1625 SE 3RD AVE 400
-12/20/96--01054--021
***375.00 ***375.00

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.

Signature of
Registered Agent

W. Dickens REQUIRED

Date 12/16/96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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)(l), 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:

W. Dickens REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/16/96

954-524-6527