

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Sandra B. Martham Secretary of State DIVISION OF CORPORATIONS
-------------------------------------	--



DOCUMENT # **M25267**

1 Corporation Name

NORTH BROWARD MRI CONSULTANTS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 19 PM 2:44



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
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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	12/31/1985
5. FEI Number	Applied For 59-2658395
Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	DICKENS, WILLIS N. M	1625 SE 3RD AVE 400 -	FT. LAUDERDALE FL
VST	SCHNELL, ROGER G M	1625 SE 3RD AVE - STE 400	FT. LAUDERDALE FL
D	SCHNELL, ROGER (DR)	1625 SE 3RD AVE #400	FT. LAUDERDALE FL
D	SCHNELL, ROGER G	1625 SE 3RD AVE STE 400 -	FT. 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 Applicable) 1625 SE 3RD AVE 400 - -12/20/96-01054-021 Suite, Apt. #, Etc. *****375.00 *****375.00 City FL State FL Zip Code

1 FPR2040 (7/96)

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
REGISTERED AGENT MUST SIGN

Date **12/16/96**

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

12/16/96 954-524-6527

Date Daytime Phone #