

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**

97 OCT 30 PM 12:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # M42740**

1. Corporation Name  
**ALLIED MOBILE X-RAY, INC.**

Principal Place of Business  
8360 W FLAGLER STREET  
SUITE 207  
MIAMI FL 33144

Mailing Address  
8360 W FLAGLER STREET  
SUITE 207  
MIAMI FL 33144



**REINSTATEMENT 97** 10/30

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	12/05/1986
5. FEI Number	59-2741893
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED	<input checked="" 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
P	AMAR, ERIC	11806 SW 108 CT	MIAMI FL
V	WHITMAN, AARON M.	14450 SW 163 TERRACE	MIAMI FL
ST	WHITMAN, AARON M.	14450 SW 163RD TERRACE	MIAMI FL
D	WHITMAN, LILLIAN	8 PINTA RD.	MIAMI FL

400002336884--4  
-11/03/97--01159--009  
\*\*\*758.75 \*\*\*758.75

8. Name and Address of Current Registered Agent

**AMAR, ERIC**  
11806 S.W. 108 COURT  
MIAMI FL 33176

9. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
Suite, Apt. #, Etc. \_\_\_\_\_  
City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

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: *Eric Amar* REGISTERED AGENT MUST SIGN Date: **10-24-97**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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)(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: *Aaron Whitman* AARON Whitman 10-24-97 (305) 220-0333  
Date: 10-24-97 Daytime Phone #: (305) 220-0333

CR2E040 (8/97)