

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 APR -4 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M66838

1. Corporation Name
AMERICAN IMAGING SERVICES, INC.

2. Principal Office Address
11190 91ST TERR NORTH

Suite, Apt. #, etc.

City & State
SEMINOLE, FLORIDA

Zip
33772

Country
USA

3. Mailing Office Address
P.O. BOX 3960

Suite, Apt. #, etc.

City & State
SEMINOLE, FLORIDA

Zip
33775

Country
USA

700004014247--6
-04/17/01--01109--007
******300.00 ****900.00**

REINSTATEMENT 00-01

4. Date incorporated or Qualified To Do Business in Florida
02/03/1988

5. FEI Number
58-1771464

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **\$8.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name
JEFFREY M. AGUIAR

Street Address (P.O. Box Number is Not Acceptable)
11190 91ST TERR NORTH

Suite, Apt. #, Etc.

City
SEMINOLE

State
FL

Zip Code
33772

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *Jeffrey M. Aguiar*
REGISTERED AGENT MUST SIGN

Date **04/02/01**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRESIDENT	JEFFREY M. AGUIAR	11190 91ST TERR NORTH	SEMINOLE, FLORIDA 33772
VICE PRESIDENT	GENE L. CHILTON	11190 91ST TERR NORTH	SEMINOLE, FLORIDA 33772

10. 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: JEFFREY M. AGUIAR, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/01/01

Date

(727)319-8285

Daytime Phone #

CR2ED01 (9/00)