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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

FILED
2002 JUN 17 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT

1. Corporation Name

Ultra Open MRI of Tampa, Inc

2. Principal Office Address

125 W. Robertson Street

Suite, Apt. #, etc.

City & State

Brandon Florida

Zip

33511

Country

U.S.A.

3. Mailing Office Address

6449 38th Ave North

Suite, Apt. #, etc.

Suite E-3

City & State

St. Petersburg Florida

Zip

33710

Country

U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

June 26, 2000

5. FEI Number

59-3620472

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

Frederick J. Bergmann

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

2137 W. Martin Luther King Jr. Blvd.

Suite, Apt. #, Etc.

City

Tampa

REINSTATEMENT 01-02
JUN 17 2002
C. C. Cullate
State FL Zip Code 33607

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

Frederick J. Bergmann
REGISTERED AGENT MUST SIGN

Date 6-14-2002

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
Director	Frederick J. Bergmann	2137 W. Martin Luther King Blvd	Tampa FL 33607
Director	John McCoskie	2137 W. Martin Luther King Blvd.	Tampa FL 33607

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-14-2002

813876-4391

CR2E081 (9/01)