

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 OCT 21 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000019344

1. Corporation Name

DATASCAN OF FLORIDA, INC.

2. Principal Office Address

2301 W. SAMPLE ROAD

Suite, Apt. #, etc.

BLD#2 STE 9b

City & State

POMPANO BEACH

Zip

FLORIDA

Country

UNITED STATES

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

FEB, 2000

5. FEI Number

NOT APPLICABLE

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

MICHAEL GOLDSTEIN

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

2301 W. SAMPLE ROAD

100008485971-8
-10/21/02--01087--004
****750.00 ***750.00

Suite, Apt. #, Etc.

BLD#2 STE 9b

City

POMPANO BEACH

State
FL

Zip Code

33073

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

REGISTERED AGENT MUST SIGN

Date

10/17/02

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
D&P	MICHAEL GOLDSTEIN	2301 W. SAMPLE ROAD	POMPANO BEACH, FL. 33073

10. I certify that I am an officer or director of 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

MICHAEL GOLDSTEIN PRES.

Date

10/17/02

Daytime Phone #

(954)
977-8508

CR2E081 (9/01)

js 10/23/02