

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 DEC 11 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000027712

1. Corporation Name

FLUORO-IMAGING, INC.

Principal Place of Business

610 MARILEA CT.  
ORANGE CITY FL 32763

Mailing Address

852 SAGON BLVD  
SUITE 29  
ORANGE CITY FL 32763

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

2578 Enterprise Rd.  
Suite, Apt. #, etc.  
Orange City, FL 32763

City & State

Zip

32763

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

03/17/2000

5. FEI Number

59-3631631

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MILLER, SCOTT A	610 MARILEA CT.	ORANGE CITY FL 32763

200009466552  
12/11/02--01024--017 \*\*158.00

8. Name and Address of Current Registered Agent

MILLER, SCOTT A  
610 MARILEA CT.  
ORANGE CITY FL 32763

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

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Signature of Miller*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

12/5/02

11. 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 of Miller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/5/02 386 801 1060  
Daytime Phone #

**Fuoro-Imaging, Inc.**

2578 Enterprise Rd.  
Orange City, FL. 32763  
(386) 851-6901

December 5, 2002

Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL. 32314-6327

Dear Sir or Madam:

This letter is in response to the "Notice of Dissolution" I recently received. To the best of my knowledge I never received any other notices concerning this requirement. The Mail Boxes Etcetera that I use for my address recently underwent an address change which I have noted on the application for reinstatement. This may explain the lack of receipt of any earlier mailings.

I spoke with a representative of your department this morning and she advised me that this letter of explanation, along with my application for reinstatement and a check for \$150, would put me back in good standing with the state.

Please accept my apology for this lapse and my thanks for your help in getting is straightened out.

Sincerely,



Scott A Miller  
President