PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 182

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY -5 AM 8:00

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 000000 28005

1. Corporation Name

XCELLENT X-RAY SERVICES, INC

REINSTATEMENT 03-04 MRS

200035534582
05/05/04--01046--028 **300.00

2. Principal Office Address	**3.** Mailing Office Address
11450 SW 185 St	11450 SW 185 St
Suite, Apt. #, etc.: —	Suite, Apt. #, etc.: —
City & State: Miami FL	City & State: Miami FL
Zip: 33157 Country: —	Zip: 33157 Country: —

4. Date Incorporated or Qualified To Do Business in Florida: 03/07/2000

5. FEI Number: 65-1005645 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $7.5 Additional Fee Required (Not Certified Copy)

7. Name and Address of Current Registered Agent

Name: Maribel Cipriani

Street Address (P.O. Box Number is Not Acceptable): 11450 SW 185 St.

Suite, Apt. #, Etc.: —

City: Miami | State: FL | Zip Code: 33157

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 _____ Date _____

REGISTERED AGENT MUST SIGN

CR2E031 (10/02)

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
President	Maribel Cipriani	11450 SW 185 St	Miami FL 33157

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.

Maribel Cipriani

SIGNATURE: X _____ President 04-27-2004 (305) 282-2116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Document P00000028005
XCELLENT X-RAY SERVICES, INC.

DIVISION OF CORPORATIONS:

I Maribel Ciprian, did not received the Annual Report form for the year 2003, due to the fact that I moved in 2003. Therefore, there has been a change of address. Please, I'm also requesting to wave the $600.00 penalty. I'm truly sorry for the inconvenience. But I will appreciate your cooperation.

If you have any questions please, do not hesitate to call me at (305) 378-6303

Sincerely,
Maribel Ciprian

CURRENT ADDRESS: 11450 SW 185 St
Miami, Fl 33157