

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**01-03**  
CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 JUL 11 PM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 800 000032140

1. Corporation Name

OPEN DIAGNOSTIC IMAGING INC

2. Principal Office Address

PO BOX 3030

3. Mailing Office Address

PO BOX 3030

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MISSION TX

City & State

MISSION TX

Zip

78573

Country

USA

Zip

78573

Country

USA

800021649478

07/18/03--01079--039 \*\*450.00

4. Date Incorporated or Qualified  
To Do Business in Florida

3/22/00

5. FEI Number

65-1007790

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

HAROLD BENJAMIN CPA

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

6249 PINES BLVD

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33024

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

*[Signature]*

Date

7/3/03

REGISTERED AGENT MUST SIGN

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
PRES	JULIA SHUABSKAYA	PO BOX 3030	MISSION TX 78573

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]*

JULIA SHUABSKAYA

7/3/03

210-410-1004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

7/7/4

**Open Diagnostic Imaging, Inc**  
**P.O. Box 3030**  
**Mission, TX 78573**

July 7, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir/Madam

Enclosed please find our corporate reinstatement request along with a check for \$450. We are requesting that the penalties for failing to timely file be waved as we did not receive any of the required forms. As you will find our mailing address has changed from the one previously recorded.

Please contact our accountant, Harold L. Benjamin CPA at 954-981-1040, if you require any further information regarding this matter.

Yours truly,

Julia Shvabskaya

