

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P00000057265

1. Corporation Name

LIFETIME IMAGING, INC.

Principal Place of Business

Mailing Address

2234 NORTH FEDERAL HIGHWAY SUITE 415
BOCA RATON FL 33431

2234 NORTH FEDERAL HIGHWAY SUITE 415
BOCA RATON FL 33431



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

2. New Principal Office Address, If Applicable

3185 SOUTH FEDERAL HWY
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3185 S. Fed Hwy
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

06/13/2000

5. FEI Number

65-1018000

Applied For

Not Applicable

City & State

DELRAY BEACH FL

City & State

DELRAY BEACH FL

Zip

33483

Country

USA

Zip

33483

Country

USA

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BALL, RONALD P	2234 NORTH FEDERAL HIGHWAY SUITE	BOCA RATON FL 33431

800004669868--6

11/06/01-01091-011

****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BALL, RONALD P
2234 NORTH FEDERAL HIGHWAY SUITE 415
BOCA RATON FL 33431

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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.

Signature of
Registered Agent

Ronald P. Ball
RONALD P. BALL

Date 10/17/01

AD

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD P. BALL

Date

10/17/01

Daytime Phone #

561-330-7750

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LifeTime



October 17, 2001

Reinstatement:

To Whom It May Concern:

Enclosed please find my application for reinstatement for the above named corporation. I never received the first or second annual report forms or notice. This company is active and very important to me and would not allow this to happen. Please accept my request for reinstatement.

Sincerely,

Ronald P. Ball