

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 APR 24 PM 2:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P000000 57562

1. Corporation Name

Diagnostic Radiology Centers Inc

Principal Place of Business

1620 MASON AVE., #C  
DAYTONA BEACH FL 32117

Mailing Address

1620 MASON AVE., #C  
DAYTONA BEACH FL 32117

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

06/07/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3555095

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PVDC	ORTOLANI, JOHN A	1368 JOHN ANDERSON	ORMOND BEACH FL 32176
STDC	ORTOLANI, ANGELA J	1368 JOHN ANDERSON	ORMOND BEACH FL 32176

600016965456

04/24/03--01069--013 \*\*1050..NO

8. Name and Address of Current Registered Agent

ORTOLANI, ANGELA J  
1620 MASON AVE., #C  
DAYTONA BEACH FL 32117

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

4/17/03

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/17/03

Daytime Phone #

386-274-3620

CR2E040 (8/02)