

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION  
REINSTATEMENT**



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

02 APR 25 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

DOCUMENT # P00000086893

**1. Corporation Name**

M.C.M. K-Ray Service, Inc.

**2. Principal Office Address**

6311 NW 3 St

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33126

Country

U.S.A.

**3. Mailing Office Address**

1688 SW 22 St

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33145

Country

U.S.A.

**REINSTATEMENT** 01-02

**4. Date Incorporated or Qualified  
To Do Business in Florida**

09/11/2000

**5. FEI Number**

65-1044943

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

Enrique Martinez

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

6311 NW 3 street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33126

400005451164-3

-05/06/02-01002-007

\*\*\*\*900.00 \*\*\*\*900.00

**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

Enrique A Martinez  
REGISTERED AGENT MUST SIGN

Date 04-20-2002

**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
PD	Maricela Camero	6311 NW 3rd St Miami, FL 33126	Miami, FL 33126
VD	Enrique Martinez	6311 NW 3rd St	Miami, FL 33126

**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:

Maricela Camero  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-20-02 (305) 269-8720

Date

Daytime Phone #

CR2E081 (9/01)



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

March 14, 2002

M.C.M. X-RAY SERVICE, INC.  
1688 SW 22ND STREET  
MIAMI, FL 33145

SUBJECT: M.C.M. X-RAY SERVICE, INC.  
Ref. Number: P00000086893

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

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

Please return a copy of this letter to ensure your money is properly credited.

Due to the volume of mail received in this office **both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.**

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Barbara Mitchell  
Document Specialist

Letter Number: 502A00015512