

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 JUN 12 PM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000092976**

1. Corporation Name

**CARDIOVASCULAR Diagnostic
IMAGE II, INC**

2. Principal Office Address

692 N Homestead Blvd

Suite, Apt. #, etc.

Suite 106

City & State

Homestead, FL

Zip

33030

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 2001-2002

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

10/3/00

5. FEI Number

65-1048346

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

EDELIO MIRABOLO

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

692 N Homestead Blvd

Suite, Apt. #, etc.

Suite 106

City

Homestead

State

FL

Zip Code

33030

200005823442-6

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******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

[Signature]

REGISTERED AGENT MUST SIGN

Date

6/9/02

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

P/D FRANCESCO CASARCES

692 N Homestead Blvd. Suite 106

Homestead, FL 33030

S/P EDELIO MIRABOLO

692 N Homestead Blvd. Suite 106

Homestead, FL 33030

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/9/02

Date

Daytime Phone #

CRZE081 (9/00)