

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000024544

1. Corporation Name

SID IMAGING, INC.

2. Principal Office Address

7740 Montecito Place

Suite, Apt. #, etc.

City & State

Delray Beach FL

Zip

33446

Country

3. Mailing Office Address

7740 Montecito Place

Suite, Apt. #, etc.

City & State

Delray Beach FL

Zip

33446

Country

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

5. FEI Number

65-1080592

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

Robert M Kramer

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

4000 Hollywood Blvd

Suite, Apt. #, Etc.

Suite 458

City

Hollywood

State
FL

Zip Code
33021

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

REGISTERED AGENT MUST SIGN

Date

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
D	Davis, Sanford I	7740 Monecito Place	Delray Beach FL 33446

700055833427
06/07/05--01003--009 **450.00

Handwritten signature/initials

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sanford I. Davis

Date

561-498-3248

Daytime Phone #

FILED
05 MAY 31 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-05

CR2E081 (01/05)

ROBERT A. HENRY, P.A.

CERTIFIED PUBLIC ACCOUNTANT

SUITE 201

8411 WEST OAKLAND PARK BOULEVARD

SUNRISE, FLORIDA 33351

TELEPHONE (954) 748-3699

FAX (954) 748-4477

April 26, 2005

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

Attn: Division of Corporations Dept.
Mr. Justin M Shivers
Re: SID Imaging, Inc.
Document # P01000024544

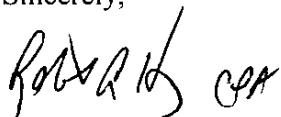
Dear Mr. Shivers:

Please be advised that I am the accountant for the above referenced corporation. On January 26, 2004, there was a letter received from your office with my clients check returned for the 2003 tax year and requesting an additional check in the amount of \$150.00 for the 2004 tax filing year. On March 22, 2004, my client mailed the report along with both checks for those years. It was not discovered until we were preparing the 2005 annual report that both checks totaling \$300.00 had not cleared my client's bank. Enclosed please find copies of the correspondence received from your office and copies of the checks written on February 17, 2004 and March 22, 2004, which had not cleared. We are having our client contact their bank to put a stop payment on those checks and reissuing new checks for those years.

It is respectfully requested that you accept all three checks totaling \$450.00 for the filing years 2003, 2004 and 2005, since my client had submitted the checks and they had not been cashed by your office.

Thank you very much for your kind consideration in this matter and if you need any additional information please do not hesitate to contact me at your convenience.

Sincerely,



Robert A. Henry, CPA