PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUN 18 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000111507

1. Corporation Name
Diagnostic Sonography Services Inc.

100038077721
06/18/04--01007--015 **300.00

REINSTATEMENT 05-04

2. Principal Office Address	3. Mailing Office Address
431 E. Central Blvd.	5550 Vlmerton Rd.
Suite, Apt. #, etc. 207	Suite, Apt. #, etc. 130
City & State Orlando, FL	City & State Largo, FL
Zip 32801 Country USA	Zip 33771 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: Jan 1, 2002

5. FEI Number: 59-3761094 — 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: Nelson Ayala

Street Address (P.O. Box Number is Not Acceptable): 431 E. Central Blvd.

Suite, Apt. #, Etc.: # 207

City: Orlando | State: FL | Zip Code: 32801

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: _____ Date: 6-10-04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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	Nelson Ayala	431 E. Central Blvd #207	Orlando, FL 32801

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: _____ Nelson Ayala 6-10-04 813-732-9619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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6-10-04

Florida Department of State:

To Whom it may concern:

By this letter I am requesting a waiver of fees. Due to many personal hardships and a death in the family I had to move a few times and actually take care of dying relative. At no time I received a card or letter statement requesting the payment, eventhough I had forwarding addresses. I understand that this is ultimately my responsability however, I sincerely hope that you understand the extenious events that one has to go through when someone close to you dies and how easy it is at these times to forget something. I am enclosing $300.00 for the 2003 - 2004 fees (annual).

Thank you for your understanding,

Sincerely.

Victor Mateo, Diesta