

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
03 OCT 30 PM 4:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P02000051544

**1. Corporation Name**

Navix Imaging, Inc.

**2. Principal Office Address**

8100 Royal Palm Boulevard

Suite, Apt. #, etc.

Suite 102

City & State

Coral Springs, Florida

Zip

33065

Country

USA

**3. Mailing Office Address**

8100 Royal Palm Boulevard

Suite, Apt. #, etc.

Suite 102

City & State

Coral Springs, Florida

Zip

33065

Country

USA

300024446119  
11/05/03--01014--042 \*\*750.00

**REINSTATEMENT** 03

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

May 29, 2002

**5. FEI Number**

74-3043306

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State  
**FL**

Zip Code

32301-2525

**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

*Lynette Coleman*  
REGISTERED AGENT MUST SIGN

Lynette Coleman  
as its agent

Date

10/30/2003

**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, P, S, T	Miles E. Gilman	8100 Royal Palm Blvd., Ste. 102	Coral Springs, FL 33065

**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:**

*Miles E. Gilman*

Miles E. Gilman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-27-2003

Date

(305) 665-1197

Daytime Phone #

CR2081 (10/02)