

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 OCT 25 AM 8:00

DOCUMENT # P02000060860

1. Corporation Name

Miami-Dade Ct Scan Imaging, Inc.

5200 SW 8TH ST
5200 SW 8TH ST

2. Principal Office Address

5200 SW 8TH ST

3. Mailing Office Address

5200 SW 8TH ST

Suite, Apt. #, etc.

117

Suite, Apt. #, etc.

117

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33134

Country

MIAMI-DADE

Zip

33134

Country

MIAMI-DADE

4. Date Incorporated or Qualified

To Do Business in Florida 06/03/2002

5. FEI Number

03-0457551

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03-04
MRD

7. Name and Address of Current Registered Agent

Name

MANUEL D HECHAVARRIA

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

5200 SW 8TH ST

Suite, Apt. #, Etc.

117

City

CORAL GABLES

State

FL

Zip Code

33134

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]

Date

10/22/2004

REGISTERED AGENT MUST SIGN

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	MANUEL D HECHAVARRIA	5200 SW 8TH ST SUITE 117	CORAL GABLES/FL/33134

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

08/11/04

Date

(305) 975-2314

Daytime Phone #

CR2E001 (01/04)