

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 15 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000095623

1. Corporation Name

MRI SCAN & IMAGING CENTERS, INC.

2. Principal Office Address - No P.O. Box #

3122 E Commercial Blvd

Suite, Apt. #, etc

3. Mailing Office Address

3122 E Commercial Blvd

Suite, Apt. #, etc

City & State

Fort Lauderdale FL

City & State

Fort Lauderdale, FL

Zip

33308

Country

Broward

Zip

33308

Country

Broward

200176014182
04/15/10--01041--015 **\$600.00

REINSTATEMENT

07-10

4. Date Incorporated or Qualified
To Do Business in Florida

9-4-02

5. FEI Number

22-3875471

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 L Kagan

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

3122 E Commercial Blvd

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33308

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Robert L Kagan

Date 4-13-10

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
D	Robert L Kagan	3122 E Commercial Blvd	Ft. Lauderdale, FL 33308
	<u>4/1/10</u>		

10. E-mail Address: SGRAMA210@MRI SCAN CENTER.COM

(To be used for future annual report notification)

11. 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, I further certify, 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:

Robert L Kagan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-10

Date

Daytime Phone # 954-772-8000