

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 14 AM 8:00

DOCUMENT # **P02000095860**

1. Corporation Name

HI TECH MEDICAL IMAGING INC.

Principal Place of Business

Mailing Address

4301 OAK CIRCLE
SUITE 1
BOCA RATON FL 33431

4301 OAK CIRCLE
SUITE 1
BOCA RATON FL 33431

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03



500023793735
10/14/03--01060--013 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

09/05/2002

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ALKALAY, MOSHE	19262 REDBERRY COURT	BOCA RATON FL 33498

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALKALAY, MOSHE
4301 OAK CIRCLE
SUITE 1
BOCA RATON FL 33431

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/9/03

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 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

MOSHE ALKALAY PRESIDENT 10/9/03 561-367 8760

Date

Daytime Phone #

CR2040 (7/03)

**HI TECH MEDICAL IMAGING
4301 OAK CIRCLE, SUITE 1
BOCA RATON, FL 33431
Tel. 561-367 8760 Fax. 561-367 8630**

Florida Dept. of State
Application for Reinstatement

October 10, 2003

RE: Hi Tech Medical Imaging, Inc. IEN# 11-3650984

Attached is \$150 Annual Report Fee. Please be advise that I never received any UBR notices and therefore I should not be penalized.

Although this company is "dormant" and is not operating, I would like to keep the name & the company.

Your consideration of my plea and your prompt reply are highly appreciated.

Sincerely,



Moshe Alkalay, President