2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000047489

Entity Name: MOBILE IMAGING SOLUTIONS, INC.

FILED Oct 11, 2007 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

8900 CORAL WAY 11405 S.W. 112 TERR. SUITE 208 MIAMI, FL 33176 MIAMI, FL 33165

Current Mailing Address: New Mailing Address:

8900 CORAL WAY P.O. BOX 163726 SUITE 208 MIAMI, FL 33116 MIAMI, FL 33165

FEI Number: 20-0008395 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RAMIREZ, ODALIS S
4390 SW 161 PLACE
MIAMI, FL 33185 US

RAMIREZ, ODALIS S
11405 S.W. 112 TERR.
MIAMI, FL 33176 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ODALIS S. RAMIREZ 10/11/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: RAMIREZ, ANTONIO J Name: RAMIREZ, ANTONIO J

 Address:
 4390 S.W. 161 PLACE
 Address:
 8260 .W. 27 STREET

 City-St-Zip:
 MIAMI, FL 33185
 City-St-Zip:
 MIAMI, FL 33155

Title: V () Delete Title: () Change () Addition
Name: USATEGUI. LYDIA Name:

 Name:
 USATEGUI, LYDIA
 Name:

 Address:
 8880 S.W. 86 STREET
 Address:

 City-St-Zip:
 MIAMI, FL 33173
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ODALIS S. RAMIREZ RA 10/11/2007