

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 SEP 16 PM 4: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000068816

1. Corporation Name

SOUTH FLORIDA RADIOLOGY CENTER, INC

REINSTATEMENT 04-08
CR2E081 (12/07)

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

4253 N. STATE RD 7

Suite, Apt. #, etc.

3. Mailing Office Address

4253 N. STATE RD 7

Suite, Apt. #, etc.

City & State

LAUDERDALE LAKES

City & State

LAUDERDALE LAKES, FL

Zip

33319

Country

USA

Zip

33319

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/20/2003

5. FEI Number

26-3344672

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

Gregoire Garcon

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

4297 NORTH STATE ROAD 7

Suite, Apt. #, Etc.

City

LAUDERDALE LAKES

State

FL

Zip Code

33319

☒ 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

REGISTERED AGENT MUST SIGN

Date 9/15/08

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
Add PST	HENRY C. DOUZE	4253 NORTH STATE RD. 7	LAUDERDALE LAKES, FL 33319
Delete	Yoline Joseph	7050 NW 4th St. #303	Plantation FL 33317
Delete	Metellus-HODD, LISA ESQ	810 S STATE Rd 7	Plantation FL 33317
ADD	GREGOIRE Garcon	4297 N St Rd 7	Lauderdale Lakes FL 33319

500135987975
09/16/08--01040--005 **750.00

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 contained in Chapter 119, 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:

HENRY C. DOUZE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/08

Date

(754) 600-1212

Daytime Phone #