

2006 FOR PROFIT CORPORATION REINSTATEMENT

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FILED

2006 OCT 18 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07/17/06 90144 001 1540



10062006 REIN-P CR2E098 (11/05)

4. FEI Number **22-3919453**
Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DOCUMENT # P05000165796
1. Entity Name
MOBILE IMAGING CONSULTANTS, INC.



Principal Place of Business
**846 BANANA LAKE RD.
LAKE MARY, FL 32746**

Mailing Address
**846 BANANA LAKE RD.
LAKE MARY, FL 32746**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

6. Name and Address of Current Registered Agent
**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DALE, C. MICHAEL 846 BANANA LAKE RD. LAKE MARY, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BREWER, CASSIA 846 BANANA LAKE RD. LAKE MARY, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GANAS, JULIE 846 BANANA LAKE RD. LAKE MARY, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Cassia Brewer **Cassia Brewer** 10/16/06 321-689-4417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

PADGETT WETZ & YOUNG, PA

CERTIFIED PUBLIC ACCOUNTANTS

GREGORY P. PADGETT, CPA
GLENN A. WETZ, CPA
HERBERT P. YOUNG, JR., CPA

KENNETH D. STOFF, CPA
BARBARA R. SHEPARD, CPA
JENNILEE J. HOSTETLER, CPA
MARY ANN HUNT, CPA

October 9, 2006

To Whom It May Concern:

Please find the enclosed Reinstatement form for Mobile Imaging Consultants, Inc. We are requesting a waiver of the fee due to the fact that we did not receive the rejection letter sent by your office on July 19, 2006. If we had received it, we would have processed the correction and sent in an updated form immediately. We became aware of the letter after contacting your office upon receipt of the Notice of Dissolution. The check for the corporate fee has already been cashed by your office as of July 19, 2006. Thank you for your assistance regarding this matter.

Sincerely,



Greg Padgett, CPA