

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 27 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000007835

1. Corporation Name

MIDDLE FLORIDA IMAGING INC.

Principal Place of Business

Mailing Address

128 SOUTH MOON AVENUE
BRANDON FL 33511

128 SOUTH MOON AVENUE
BRANDON FL 33511

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 *99*

4. Date Incorporated or Qualified To Do Business in Florida

02/01/1993

5. FEI Number

59-3161811

Applied For
Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PCEO D	KILGORE, JOHN M MD	128 SOUTH MOON AVENUE	BRANDON FL 33511
PCEO	BARBARA GLEESON	128 South Moon Ave.	BRANDON, FL 33511

600003087656--3
-01/04/98-01058-014
****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~DAILE, MARK~~
150 SOUTH FLORIDA AVENUE
BUILDING A, SUITE 101
LAKELAND FL 33807-8829

Name E.C. WATKINS, JR., ESQ.
Street Address (P.O. Box Number is Not Acceptable)
128 So. Moon Ave.
Suite, Apt. #, Etc.
City BRANDON State FL Zip Code 33511

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.

Signature of Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-27-99

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/99 (813) 654-6604
Date Daytime Phone #

KE