

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY -1 PM 2:05

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000014345

1. Corporation Name

X-RAY EQUIPMENT SERVICES, INC

REINSTATEMENT

700017231247

04/29/03--01019--008 **900.00

2. Principal Office Address

4020 W SOUTH AVE

3. Mailing Office Address

P.O. BOX 21331

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33614

Country

USA

Zip

33622

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/25/93

5. FEI Number

59-3167128

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

GREGORY R. JOHNSON

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

4020 W SOUTH AVE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33614

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

[Signature]

Date

4/18/03

REGISTERED AGENT MUST SIGN

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
<u>D</u>	<u>GREGORY R JOHNSON</u>	<u>4020 W SOUTH AVE</u>	<u>TAMPA FL 33614</u>

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 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]

GREGORY R. JOHNSON

Date

4/18/03

Daytime Phone #

813-

871-9729

CR2E081 (10/02)

2 9/30