

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED

98 DEC -7 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000029876

1. Corporation Name

MRI CENTERS OF PALM BEACH, INC.

Principal Place of Business

5582 MARBELLA DRIVE  
BOCA RATON FL 33433

Mailing Address

5582 MARBELLA DRIVE  
BOCA RATON FL 33433



REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 5458 Town Center Rd. Suite, Apt. #, etc. Suite 24 City & State BOCA RATON, FL Zip 33486 Country USA		3. New Mailing Office Address, If Applicable 5458 Town Center Rd. Suite, Apt. #, etc. Suite 24 City & State BOCA RATON, FL Zip 33486 Country USA		4. Date Incorporated or Qualified To Do Business in Florida 04/23/1993	
5. FEI Number 65-0404342				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	ESRIG, KENNETH	5582 MARBELLA DR.	BOCA RATON FL 33433
			300002709399-7 12/10/98 01091 018 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ESRIG, KENNETH  
5582 MARBELLA DRIVE  
BOCA RATON FL 33433

Name  
Esrig Kenneth  
Street Address (P.O. Box Number is Not Acceptable)  
2235 Parkside St.  
Suite, Apt. #, Etc.  
City  
Boca Raton  
State  
FL  
Zip Code  
33486

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  REGISTERED AGENT MUST SIGN Date 11/30/98

\*11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

(See other side for information on intangible tax.)

12. 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:  REGISTERED AGENT MUST SIGN Date 11/30/98 Daytime Phone # 561-447-1389

CR2E040 (9/98)