

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

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

REINSTATEMENT

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 ☐

\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	ESRIG, KENNETH	5582 MARBELLA DR.	BOCA RATON FL 33433

900002709398 - -7
12/10/98 01031 018
***750.00 ***750.00

8. Name and Address of Current Registered Agent

ESRIG, KENNETH
5582 MARBELLA DRIVE
BOCA RATON FL 33433

9. Name and Address of New Registered Agent

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

SIGNATURE REQUIRED

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/30/98

Daytime Phone #

561-447-8389

CR2E040 (9/98)