1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
97 JUL 28 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000081337

1. Corporation Name
CORAL WAY MRI, Inc.

REINSTATEMENT 10-17

Principal Place of Business / Mailing Address
400 8th Street North
Naples, FL 34103

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

3. New Mailing Address, If Applicable
P.O. Box 622
Suite, Apt. #, etc.
City & State: NAPLES, FL
Zip: 34102 / Country: US

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified to Do Business in Florida: Nov 24, 1993

5. FEI Number: 65-0454904 — 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)

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
DPT	FRANCIS D. HUSSEY, JR.	400 8TH ST. N.	NAPLES FL 34103
DS	MARY PAT HUSSEY	400 8TH ST. N.	NAPLES FL 34103
DV	JOHN G. VEGA	2660 AIRPORT ROAD S	NAPLES FL 34112

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7-28-97

8. Name and Address of Current Registered Agent
JOHN G. VEGA
2660 AIRPORT RD. S.
NAPLES, FL 34112

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City / State: FL / Zip Code

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: 7/25/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of the corporation 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., and that all fees owed by the corporation have been paid. 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: JOHN G. VEGA 7/25/97 (941)774-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (1/95)

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THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 476370 -80527A

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 923.75

ORDER DATE : July 28, 1997

ORDER TIME : 11:17 AM

ORDER NO. : 476370-005

CUSTOMER NO: 80527A

CUSTOMER: John G. Vega, Esq
Vega Stanley Zelman & Hanlon,
2660 Airport Road, South

Naples, FL 34112

DOMESTIC FILINGS

NAME: CORAL WAY MRI, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS DB

7-28-97