

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 MAR 23 AM 8:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000086279

1. Corporation Name

NEW ENGLAND MRI, INC.

2. Principal Office Address

201 8TH ST. S.

Suite, Apt. #, etc.

SUITE 207

City & State

NAPLES, FL

Zip

34102

Country

U.S.

3. Mailing Office Address

201 8TH ST. S.

Suite, Apt. #, etc.

SUITE 207

City & State

NAPLES, FL

Zip

34102

Country

U.S.

REINSTATEMENT 03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

12/16/93

5. FEI Number

65-0568144

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

VEGA, JOHN G.

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

201 8TH ST. S.

Suite, Apt. #, Etc.

SUITE 207

City

NAPLES

State

FL

Zip Code

34102

900030941919

03/23/04 01095-012 \*\*150.00

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

REGISTERED AGENT MUST SIGN

Date

3/18/04

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
PTD	SWANSON, ROBERT	201 8TH ST. S., STE 207	NAPLES, FL 34102
VTD	HUSSEY, FRANCIS	201 8TH ST. S., STE 207	NAPLES, FL 34102
VPD	VEGA, JOHN G.	511 HENLEY DRIVE	NAPLES, FL 34104
SD	VEGA, YADIRA	511 HENLEY DRIVE	NAPLES, FL 34104

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN G. VEGA

Date

3/18/04

Daytime Phone #

239-659-3251