

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED

96 DEC 24 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P93000088303

1. Corporation Name

Vision MRI, Inc.

Mailing Address

Principal Place of Business

5200 Davisson Avenue  
Suite B  
Orlando, FL 32810

Same

REINSTATEMENT

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida  
12/20/93

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3213648

Not Applicable

Zip

Country

Zip

Country

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
P/S/T	Larry M. Lammers	5200 Davisson Avenue Suite B	Orlando, FL 32810
VP	Tony Williams	5200 Davisson Avenue Suite B	Orlando, FL 32810

000002038950--8  
-12/27/96--01036--010  
\*\*\*\*575.00 \*\*\*\*575.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Hsin-Chung Yu  
5200 Davisson Avenue  
Suite B  
Orlando, FL 32810

Name  
J. Bennett Grocock, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
126 E. Jefferson Street  
Suite, Apt. #, Etc.  
City  
Orlando  
State  
FL  
Zip Code  
32801

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 12/20/96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/20/96

Date

(407) 298-8989

Daytime Phone #

CR20040 (6-94)