

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000030457

1. Corporation Name

TOMOKA MOBILE MRI, INC.

Principal Place of Business

1510 MASON AVE
DAYTONA BEACH FL 32117
US

Mailing Address

1620 MASON AVE.
DAYTONA BEACH FL

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/20/1994

5. FEI Number

59-3237529

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	City / State / Zip
D	ORTOLANI, JOHN A <i>Pres.</i>	1430 MASON AVE.	DAYTONA BEACH FL 32114
	<i>Ortolani J. v. Pres.</i>	<i>1430 MASON AVE</i>	<i>Daytona Bch FL</i>

000003524140--5
-01/04/01--01108--024
****750.00 ****750.00

8. Name and Address of Current Registered Agent

PALMETTO CHARTER SERVICES INC.
150 MAGNOLIA AVE.
DAYTONA BEACH FL 32115-2491

9. Name and Address of New Registered Agent

Name *Angela J. Ortolani*
Street Address (P.O. Box Number is Not Acceptable)
1620 MASON AVE
Suite, Apt. #, Etc.
Suite C
City *Daytona Bch* State *FL* Zip Code *32117*

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

Angela J. Ortolani
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date *10/25/2000*

11. 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:

Angela J. Ortolani
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/00)