PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
00 OCT -6 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000030856**

1. Corporation Name

CORAL IMAGING SERVICES, INC.

Principal Place of Business	Mailing Address
1825 PONCE DE LEON BLVD. SUITE 333 CORAL GABLES FL 33134	1825 PONCE DE LEON BLVD. SUITE 333 CORAL GABLES FL 33134

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

REINSTATEMENT 99-00

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
2994 NW 7 STREET	2994 NW 7 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33125 Country: USA	Zip: 33125 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 04/22/1994

5. FEI Number: 65-0485031 — 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
~~PD~~	~~VAZQUEZ, EVELIO~~	~~1825 PONCE DE LEON BLVD. #333~~	~~CORAL GABLES FL 33134~~
~~STD~~ PRES. SEC'T, SECRETARY	~~FERNANDEZ, JUAN M.~~ JUAN M. FERNANDEZ PUIG	~~1825 PONCE DE LEON BLVD. #333~~	~~CORAL GABLES FL 33134~~
		5750 SW 67 AVE MIAMI, FL 33143	MIAMI, FL 33143
			~~700003455917--2~~ -11/07/00--01113--004 ****300.00 ****300.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~VAZQUEZ, EVELIO~~ ~~1825 PONCE DE LEON BLVD.~~ ~~#333~~ ~~CORAL GABLES FL 33134~~	Name: JUAN M. FERNANDEZ PUIG Street Address (P.O. Box Number is Not Acceptable): 2994 NW 7 STREET Suite, Apt. #, Etc.: City: MIAMI, FL — State: FL — Zip Code: 33125

CR2E040 (8/99)

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 JUAN M. FERNANDEZ PUIG — Date: 10/05/00
REGISTERED AGENT MUST SIGN

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: SIGNATURE REQUIRED PRESIDENT — 10/05/00 — 305-785-4839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JUAN M. FERNANDEZ PUIG — Date — Daytime Phone #