

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**

98 NOV 30 PM 2:04

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P94000045884**

1. Corporation Name

**HIALEAH IMAGING, CORP.**

Principal Place of Business

Mailing Address

1840 W 49 ST  
 SUITE 605  
 HIALEAH FL 33012

1840 W 49 ST  
 SUITE 605  
 HIALEAH FL 33012

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

**REINSTATEMENT 98**

4. Date Incorporated or Qualified To Do Business in Florida

06/14/1994

5. FEI Number

65-0501718

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
D/P	GUTIERREZ, RAFAEL	<del>1115 WEST 162 STREET</del> 2735 WEST 61 <sup>ST</sup> #105	<del>MIAMI FL 33016</del> HIALEAH FL 33012
D	<del>CIBER, ALBERTO M</del>	<del>5100 NORTH BAY RD</del>	<del>MIAMI BEACH FL 33140</del>
D	<del>DEL RIO, LAURA</del>	<del>1500 AGUA AVE</del>	<del>CORAL GABLES FL 33136</del>
D/P	ARMANDO GUTIERREZ	267 MIAMI SPRINGS AVE. MIAMI SPRINGS, FL. 3316	MIAMI SPRINGS, FL. 33166
D/S	MARIO RAMIREZ	1125 WEST 71 STREET #10 HIALEAH, FL. 33014	HIALEAH, FL. 33014

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GUTIERREZ, RAFAEL 1840 W 49 ST SUITE 605 HIALEAH FL 33012	4410 WEST 16 AVE #28A HIALEAH FL 33012	Name	
		Street Address (P.O. Box Number Is Not Acceptable)	300002703413--8
		Suite, Apt. #, Etc.	-12/04/98--01076--011
		City	****758-75 State zip Code 758-75
			FL

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 X

*Rafael Gutierrez*

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

11/25/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes  No

(See other side for information on intangible tax.)

12. 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:

*Rafael Gutierrez* RAFAEL GUTIERREZ - PRESIDENT

Date

Daytime Phone #

11/25/98 (305)

CR25040 (9/98)