

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 1840 W 49 ST SUITE 605 HIALEAH FL 33012	Mailing Address 1840 W 49 ST SUITE 605 HIALEAH FL 33012
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	4. Date Incorporated or Qualified To Do Business in Florida 06/14/1994	5. FEI Number 65-0501718	Applied For Not Applicable
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

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	1115 WEST 162 STREET 2735 WEST 61 PL #105	MIAMI FL 33016 HIALEAH FL 33016
D	CIBER, ALBERTO M	5100 NORTH BAY RD	MIAMI BEACH FL 33140
D	DEL RIO, LAURA	1500 AGUA AVE	CORAL GABLES FL 33136
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 GUTIERREZ, RAFAEL 1840 W 49 ST 4410 WEST 16 AVE #28A SUITE 605 HIALEAH FL 33012	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) 300002703413--8 Suite, Apt. #, Etc. -12/04/98-01076-011 City FL
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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* **Gutierrez** **SIGNATURE REQUIRED** Date **11/25/98**
 REGISTERED AGENT MUST SIGN

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* **SIGNATURE REQUIRED** **RAFAEL GUTIERREZ - PRESIDENT** Date **11/25/98** (305) Daytime Phone #

CR25040 (9/98)