

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION
REINSTATEMENT

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

FILED

NOV 15 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000059592

1. Corporation Name

Magnetic Imaging Supplies, Inc.
410 East Hallandale Beach Blvd. Ste A
Hallandale, FL 33009

REINSTATEMENT 2000

2. Principal Office Address

Same

3. Mailing Office Address

PO Box 9368

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hallandale, FL 33009

Zip

Country

Zip

Country

33009 US

4. Date Incorporated or Qualified
To Do Business in Florida

8/12/94

5. FEI Number

65-0511175

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SH 75 Accepting Fees and Fees
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company.

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503 F.S.

Signature of
Registered Agent

Date

11/15/00

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Joseph Gibbons	300 Three Islands Blvd Ste A	Hallandale, FL 33009

10. 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:

Joseph Gibbons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/9/00

Daytime Phone #

CR2E081 (9/99)