

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**

FILED

98 OCT 28 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000090001

1. Corporation Name

V & M MOBILE IMAGING SERVICES, INC.

WPS-21706

Mailing Address

Principal Place of Business

2050 NE 163 ST 2nd Floor
North Mia Bch, FL 33162

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

REINSTATEMENT *9798*
DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/13/94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0542818

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

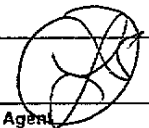
Country

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
P, S	MICHAEL FRIEDEBERG	3766 NE 166 ST.	N. Miami Beach, FL 33160

300002678683-7
-11/03/98-01028-982
****900.00 ****900.00



8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MICHAEL FRIEDEBERG
3766 NE 166 ST.
N. Miami Beach, FL 33160

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

10/12/98

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

[Handwritten Signature]

MICHAEL FRIEDEBERG, President 9/15/98 305-631-9812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2E040 (6/94)