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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 MAY -7 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 03-04

DOCUMENT # P95000017921

1. Corporation Name

Kaley Imaging, Inc.

2. Principal Office Address	**3.** Mailing Office Address
51 West Kaley Street	14025 Riveredge Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Suite 600
City & State	City & State
Orlando, Florida	Tampa, Florida
Zip / Country	Zip / Country
32806 / Orange	33637 / Hillsborough

4. Date Incorporated or Qualified To Do Business in Florida 03/06/1995

5. FEI Number 65-0572421 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required 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: Cynthia L. Harris — **Cynthia L. Harris as its agent** — REGISTERED AGENT MUST SIGN — Date: 5/7/04

CR2E081 (10/02)

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
P	Gary Wright	14025 Riveredge Drive, Suite 600	Tampa, Florida 33637
S	Jeffrey P. Greenberg	14025 Riveredge Drive, Suite 600	Tampa, Florida 33637

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: Jeffrey P. Greenberg, Secretary 5-7-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY/AZH
Account Number : I20000000195
Phone : (850)521-1000
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CORPORATION REINSTATEMENT

KALEY IMAGING, INC.

Certificate of Status	0
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