

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P95000026058**

1. Corporation Name

PEMBROKE PINES IMAGING, INC.

FILED

01 JAN 22 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

0001

Principal Place of Business

800 EAST CYPRESS CREEK RD
STE 100
FT LAUDERDALE FL 33334
US

Mailing Address

2450 HOLLYWOOD BLVD
#300
HOLLYWOOD FL 33020
US

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

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/30/1995

5. FEI Number

65-0568582

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	4 City / State / Zip
P	GRNJA, VLADIMIR	1007 N NORTHLAKE DR	HOLLYWOOD FL
VP	MARTINSON, TIM	22233 COLLINGTON DR	BOCA RATON FL
VP	SCHNEIDER, JOEL	3851 N 31ST TERRACE	HOLLYWOOD FL 33021
			900003602899--2 -01/30/01--01130--025 *****900.00 *****900.00 LS
			900003602899--2 -01/30/01--01130--026 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

SABRA, RICHARD B
4330 SHERIDAN STREET
SUITE 202-B
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name **Mark Grnja**
Street Address (P.O. Box Number is Not Acceptable)
2450 Hlwd Blvd Suite 300
Suite, Apt. #, Etc.
Hollywood
City **Hollywood** State **FL** Zip Code **33020**

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

1/10/2001

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/10/01

Daytime Phone #

CR2E040 (9/00)