

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV -9 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000092935

1. Corporation Name

RS Imaging Services P.A.

2. Principal Office Address

1100 NE 163rd St

Suite, Apt. #, etc.

102

City & State

North Miami Beach FL

Zip

33162

Country

US

3. Mailing Office Address

1100 NE 163rd St

Suite, Apt. #, etc.

102

City & State

North Miami Beach FL

Zip

33162

Country

US

REINSTATEMENT 04

4. Date Incorporated or Qualified
To Do Business in Florida

May 1997

5. FEI Number

65-6707832

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

Richard W Stone

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

1100 NE 163rd St

Suite, Apt. #, Etc.

102

City

North Miami Beach

State

FL

Zip Code

33162

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

Richard Stone

REGISTERED AGENT MUST SIGN

Date

11/5/04

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.	Richard W Stone	1100 NE 163 rd St	NMB FL 33162

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:

Richard Stone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/5/04

Daytime Phone #

(305) 9451580

CR2E081 (01/04)