PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 APR 21 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000003527

1. Corporation Name
ULTI-MED IMAGING, INC.

Principal Place of Business / Mailing Address
8232 Bay Tree Lane
Jacksonville, Florida 32256

REINSTATEMENT 98-99 258 4/21/99

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: **January 14, 1997**

5. FEI Number: **59-3427175** ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Emran Imami	8232 Bay Tree Lane	Jacksonville, Florida 32256
V	Parveen Imami	8232 Bay Tree Lane	Jacksonville, Florida 32256
S/D	Mohammad Naim Khawaja	10902 Houndwell Way	Jacksonville, Florida 32225
T/D	Terry MacMath	655 West 8th Street	Jacksonville, Florida 32209

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****900.00 ****900.00

8. Name and Address of Current Registered Agent
Emran Imami
8232 Bay Tree Lane
Jacksonville, Florida 32256

9. Name and Address of New Registered Agent
Name: **Rehan N. Khawaja, Esquire**
Street Address (P.O. Box Number is Not Acceptable): **817 North Main Street**
Suite, Apt. #, Etc
City: **Jacksonville** State: **FL** Zip Code: **32202**

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: Rehan N. Khawaja
REGISTERED AGENT MUST SIGN
Date: **March 19, 1999.**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: Emran Imami 03/15/99.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E081 (12/98)