

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FOR REINSTATEMENT



DOCUMENT # P97000047335

1. Corporation Name

WINTER PARK DIAGNOSTIC & IMAGING, INC.

Principal Place of Business

Mailing Address

422 WEST FAIRBANKS AVENUE
WINTER PARK FL 32789

422 WEST FAIRBANKS AVENUE
WINTER PARK FL 32789

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

2. New Principal Office Address, If Applicable

422 W. Fairbanks Ave #100

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

05/27/1997

5. FEI Number

59-3447458

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
DP	CANTU, MITCHELL	112 SORRENTO CIRCLE	WINTER PARK FL 32792
VD	CANTU, MITCHELL	112 SORRENTO CIRCLE	WINTER PARK FL 32792
SD	CANTU, MITCHELL	112 SORRENTO CIRCLE	WINTER PARK FL 32792
TD	CANTU, MITCHELL	112 SORRENTO CIRCLE	WINTER PARK FL 32792

500003447895-3
-11/02/00--01001--001
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CANTU, MITCHELL
112 SORRENTO CIRCLE
WINTER PARK FL 32789

Name

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

2183 Sorrento circle

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

SIGNATURE REQUIRED

Date 10-17-00

REGISTERED AGENT MUST SIGN

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

10-17-00
Date

407 629 7011
Daytime Phone #

CR2040 (9/00)

(2)

WINTER PARK DIAGNOSTIC AND IMAGING, INC.
422 West Fairbanks Avenue, Suite 100
Winter Park, Florida 32789

Phone~(407)629-70116

Fax~(407)629-7018



October 17, 2000

Department of State; ref. doc. # P97000047335,

To whom it may concern,
as instructed via phone conversation with your department 10/16/00, please accept this formal request to waive late fees. Winter Park Diagnostic & Imaging did not receive any renewal notice from your department this year, perhaps because our suite number was not listed on the mailing address. Why we received the enclosed notice and not the others I cannot explain. Please consider our past history of paying our renewal fees in the most timely manner. Thank you and your department for your assistance and consideration.

Sincerely;

Mitchell Cantu

Mitchell Cantu
President