PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.			
APPLICATION 2	FLORIDA DÈPARTMEN	1	APPROVED
FOR	Sandra B. Mor Secretary of S	<u></u>	
REINSTATEMENT	DIVISION OF CORPOR	l l	A difference Service
DOCUMENT # <b>P97000055000</b>			98 DEC 21 AMII: [ ]
1. Corporation Name  DYNAMIC IMAGING CORP.			SECRETARY OF STATE TALLAHASSEE, FLORIDA
DITANUO IMAGINA CONF.			MILLATASSEE, FLORIDA
Principal Place of Business Mailing Address			
14227 KENDALL-LAKES CIR-	#14227 KENDALL-LAKES GIR- MIAMI FL 39103		
			REINSTATEMENT OR
If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified	
5770 NW 72nd Aug 5770 NW 72nd Suite, Apt. #, etc. Suite, Apt. #, etc.		nelAve	To Do Business in Florida 06/23/1997
			5. FEI Number Applied For
City & State MIAMI FL	City & State	~ <u> </u>	65 - 07 6 3 4 7 3 Not Applicable
21p 33/66 Country 34	Zip Country 33166 0	SA	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/			<del></del>
Title(s) Name of Officers and/or Directors	3 (Do NOT Use	eet Address of Each icer and/or Director Post Office Box Nur	City / State / Zip
DP LOPEZ, RICHARD 18080 SW 14 ST		<del></del>	PEMBROKE PINES FL 33029
DV INGRAM, JEFFREY L 14227 KENDALL		LAKES CIR	MIAMI FL 33183
			3000027256731
			****758.75 ****758.75
8. Name and Address of Current I	Registered Agent		Name and Address of New Registered Agent
INGRAM, JEFFREY L			RAM, JEFFREY L.
14227 KENDALL LAKES CIR			1677 NW 9/57 Auc
MIAMI FL 33183 Suite, Apt. #, Etc		Suite, Apt. #, Etc.	633
City State Zip Code FL 3307/			
10. I, being appointed the registered agent of the abo	·	•	oilgations of Section 607.0505, F.S.
Signature of Registered Agent RE	GISTERED AGENT MUST SIGN	NKED	Date 62/18/98
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No			
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 filling 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: 12/15/96 305/463-7600 PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Dayline Phone #			

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