

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 10:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P97000074141

1. Corporation Name

VITAL IMAGE INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

5332 BUCKHEAD CIRCLE
BOCA RATON FL 33486

5332 BUCKHEAD CIRCLE
BOCA RATON FL 33486



REINSTATEMENT

03

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
To Do Business in Florida

08/25/1997

Suite, Apt. #, etc.

SAME

Suite, Apt. #, etc.

SAME

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

65-0779812

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 3	City / State / Zip 4
P	GELBERG, BONNIE	5332 BUCKHEAD CIRCLE	BOCA RATON FL 33486
VP	ROSE, ALVIN E	7750 DOUBLETON DR	DELRAY BEACH FL 33446
			600024180976 10/27/03--01126--024 **150.00

8. Name and Address of Current Registered Agent

GUIDILE, ANTHONY
5411 NW 86 WAY
CORAL SPRINGS FL 33067

9. Name and Address of New Registered Agent

Name	SAME		
Street Address (P.O. Box Number is Not Acceptable)			
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. or 617.0505, F.S.

Signature of
Registered Agent

Bonnie Gelberg
REGISTERED AGENT MUST SIGN

Date

Oct 20/2003

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:

Bonnie Gelberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/2003
Date

521-
7020262
Daytime Phone #

CR2E040 (7/03)

P9700007414\

Oct. 20/2003

Dear Dept of State,

Please excuse me for not
sending a check at the proper time.
But:

We never received the Bill.

I am extremely careful, and
on top of all of all our bills, and
always make timely payments.

I am so sorry for this
inconvenience.

Can you please waive the
extra charges, as our account
has always been in good standing,
and the economy has taken its
toll on our income.

Thank you so much for
your time.

Sincerely,
Bonnie Zellberg, President
from
Vital Image International
Inc.