

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000020061

1. Corporation Name

MED TECH IMAGING, INC.

Principal Place of Business

8488 STATE ROAD 84
FORT LAUDERDALE FL 33312

Mailing Address

8488 STATE ROAD 84
FORT LAUDERDALE FL 33312

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 20 AM 9:55



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

315 N.E. 3RD Avenue

3. New Mailing Office Address, If Applicable

315 N.E. 3RD AVENUE

4. Date Incorporated or Qualified
To Do Business in Florida

03/03/1998

Suite, Apt. #, etc.

Suite # 201

Suite, Apt. #, etc.

Suite # 201

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

Zip

33304

Country

BROWARD

Zip

33304

Country

BROWARD

5. FEI Number

65-0816440

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)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MCBRIDE, MICHAEL K	2684 ARBOR DRIVE	FORT LAUDERDALE FL 33312
PRESIDENT	AUCLAIR, RANDALL D.	1426 N.E. 17 AVENUE	FORT LAUDERDALE, FL 33304
V.P.	AUCLAIR, Futurine A.	1426 N.E. 17 Avenue	FORT LAUDERDALE, FL 33304
			300003447023--4 -11/01/00--01056--007 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

MCBRIDE, MICHAEL K
8488 STATE ROAD 84
FORT LAUDERDALE FL 33312

9. Name and Address of New Registered Agent

Name

Futurine Annie Auclair

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

315 N.E. 3RD AVENUE

Suite, Apt. #, Etc.

Suite # 201

City

FORT LAUDERDALE

State

FL

Zip Code

33304

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
Futurine Annie Auclair
REGISTERED AGENT MUST SIGN

Date

10/17/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Futurine Annie Auclair

Date

10/17/00

Daytime Phone #

954-629-9058
954-766-6060

CR2E040 (6/00)