

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000029949

1. Corporation Name

ADVANCED IMAGING SERVICES, INC,

Principal Place of Business

475 BILMORE WAY
302
CORAL GABLES FL 33134

Mailing Address

475 BILMORE WAY
302
CORAL GABLES FL 33134

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

2. New Principal Office Address, If Applicable

782 N.W. LeJeune Road

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 428

City & State

City & State

Miami, Florida

Zip

Country

Zip

Country

33126

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

04/01/1998

5. FEI Number

65-0825210

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

PS

CARVAJAL, GRISEL

2507 WEST 70TH ST.

HIALEAH FL 33016

8. Name and Address of Current Registered Agent

CARVAJAL, GRISEL
2507 WEST 70 STREET
HIALEAH FL 33016

9. Name and Address of New Registered Agent

Name

GRISEL CARVAJAL

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

782 N.W. LeJeune Road

Suite, Apt. #, Etc.

Suite 428

City

Miami

State

FL

Zip Code

33126

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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

Date

Daytime Phone #



400009034154
11/15/02--01094--020 **150.00

FILED

02 NOV 15 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2ED40 (8/02)

October 24, 2002

Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

Re: Advance Imaging Services, Inc.
Document # P98000029949
782 N.W. LeJeune Road
Suite # 428
Miami, Florida 33126

Gentlemen:

We are respectfully requesting to abate the reinstatement fee of \$750.00 since we never receive the annual report.

Enclose please find annual report for the year 2002 and check in the amount of \$150.00 to pay for the report, we are also making a change of address for the corporation, since we do not receive correspondence at that address.

Thanking you for your help and cooperation in this matter.

Cordially,

Exposito & Associates, Inc.



Magali, L. Puig