

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR -4 AM 8:00

DOCUMENT # P98000040750

1. Corporation Name

B.L. X-RAY CORP.

2. Principal Office Address

2720 S.W. 97 AVE

3. Mailing Office Address

2720 S.W. 97 AVE

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

101

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33165

Country

USA

Zip

33165

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 05/05/98

5. FEI Number

65-0833258

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

500029861025

03/04/04--01007--022 **900.00

REINSTATEMENT

03-04-
MRB

7. Name and Address of Current Registered Agent

Name

GLADYS BULNES

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

3135 SW 102 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33165

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date 02/20/04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	GLADYS BULNES	3135 SW. 102 AVE	MIAMI, FL 33165

10. 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

02/20/2004

Date

Daytime Phone #

CR2E081 (01/04)