

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR 22 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P98 000074636

1. Corporation Name

Dynamic Imaging MRI Center, Inc.

2. Principal Office Address

818 E. Colonial Dr.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32803

Country

USA

3. Mailing Office Address

818 E. Colonial Dr.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32803

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3565617

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lee D. Effenson

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

818 E. Colonial Dr.

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code

32803

000005418470-0
-05/01/02--01080-015
****158.75 ****158.75

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

Lee D. Effenson

REGISTERED AGENT MUST SIGN

Date 04/11/2002

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	Lee D. Effenson	818 E. Colonial Dr.	Orlando, FL 32803
VP	Kathleen Effenson	818 E. Colonial Dr.	Orlando, FL 32803

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:

Lee D. Effenson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Lee D. Effenson

04/11/2002

Date

(407)

650-8883

Daytime Phone #