

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

02 FEB 12 AM 9:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P9800092317

1. Corporation Name

Daytona Medical Imaging Inc

2. Principal Office Address

1620 Mason Ave

Suite, Apt. #, etc.

C

City & State

Daytona Bch, FL

Zip

32117

Country

USA

3. Mailing Office Address

1620 Mason Ave

Suite, Apt. #, etc.

Suite C

City & State

Daytona Bch, FL

Zip

32117

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/29/98

5. FEI Number

59-3555075

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

Angela J. Ortolan

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

1620 Mason Ave Suite C

Suite, Apt. #, Etc.

C

City

Daytona Bch

State

FL

Zip Code

32117

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

Angela J. Ortolan  
REGISTERED AGENT MUST SIGN

Date 2/11/02

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
Pres	John A. Ortolan	1430 Mason Ave	Daytona Bch FL
Sec/t	Angela J. Ortolan	1620 Mason Ave Suite C	Daytona Bch FL

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:

John A. Ortolan  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/02  
Date

386-274-3601  
Daytime Phone #

CR2E081 (8/01)