PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FOR ENT OF STATE FILED 01 JAN -8 AM 8: 57 P98000092523 DOCUMENT # 1. Corporation Name SEGRETARY OF STATE TABLAHASSEE, FLORIDA ADVANCED IMAGING CENTER OF CLERMONT, INC. Mailing Address Principal Place of Business 1561 WEST FAIRBANKS AVE. MRI SUITE 1561 WEST FAIRBANKS AVE. MRI SUITE WINTER PARK FL 32789 WINTER PARK FL 32789 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified 1554 BOREN DRIVE To Do Business in Florida 10/29/1998 Suite, Apt. #, etc. 5. FEI Number Applied For SUITE 59-3541619 City & State Not Applicable OCOEE \$8.75 Additional Fee required Country ORANGE Zip Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each City / State / Zip and/or Directors Officer and/or Director Title(s) WINTER PARK FL 32789-1561-WEST FAIRBANKS AVE, MRI SUI-D TALBERT, TONY Deoee, FL 34761 SUITE 200 1554 BOREN DR 000003538960---01/16/01--01145--009 ****158.75 ****158.75 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent TALBERT FORSTER, GARY A ESQ. Street Address (P.O. Box Number is Not Acceptable) BOREN DRIVE 280 WEST CANTON AVE. STE 410 WINTER PARK FL 32789 200 State Zip Code FL 3476/ City O COEE 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. Date 12-8-00 Signature of Registered Agent REGISTERED AGENT MUST SIGN

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 REDUIDED
SIGNATURE AND TYPED OF PRINTED MAME OF SIGNING OFFICER OF DIRECTOR

10/16/00 (352)243-2111

Date Daytime Phone #

CHASTANG, FERRELL, SIMS & EISERMAN, L.L

Certified Public Accountants & Consultants



1400 W. Fairbanks Ave. Suite 102 Winter Park, Florida 32789 Tel.: (407) 629-1944 Fax: (407) 740-0671

Suite 309 - 3379 West Vine Street Kissimmee, Florida 34741 Tel.: (407) 935-0101

Fax: (407) 935-0103

SunTrust Bank Center - Building 1

Northern Trust Building Suite 285 - 4001 Tamiami Trail North Naples, Florida 34103

Tel.: (941) 643-1901 Fax: (941) 643-9808

Please reply to:

Winter Park

December 20, 2000

Department of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Re:

Advanced Imaging of Center

of Clermont, Inc. 59-3541619

Dear Sir or Madam:

Please find enclosed the Application for Reinstatement for Advanced Imaging Center of Clermont, Inc. along with payment of \$158.75 which cover the periods of reinstatement and the request for certificate of status.

Please be advised that the company's principal address has changed and therefore did not receive the 2000 Corporation Annual Report/Uniform Business Report. It is for this reason we respectfully request that your office grant a one-time waiver of the reinstatement fee. Please note that the client will take the necessary steps to ensure the Corporate Annual Report is filed by May 1st in future years.

Thank you and if you have any questions please do not hesitate to contact our office.

Sincerely,

Lori R. Sims

LRS:clp

Enclosures as stated

cc: Tony Talbert