

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000093445**

00 OCT 23 PM 3:59

1. Corporation Name

MILLENNIUM DIAGNOSTIC IMAGING CENTER, INC.

Principal Place of Business

Mailing Address

3749 SW 149 AVE.
 MIAMI FL 33185

3749 SW 149 AVE.
 MIAMI FL 33185



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

REINSTATEMENT 00

2. New Principal Office Address, If Applicable
434 SW 12 AVENUE

3. New Mailing Office Address, If Applicable
434 SW 12 AVENUE

4. Date Incorporated or Qualified To Do Business in Florida

11/23/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

SUITE #100

SUITE #100

65-0905210

Not Applicable

City & State

City & State

Miami, Florida

Miami, Florida

Zip

Country

Zip

Country

33135 U.S.A.

33135 USA

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MARTINEZ, LAZARO A	3749 SW 149TH AVE.	MIAMI FL 33185
VPS	GARCIA, JOSE A	10397 SW 88TH ST. #W2	MIAMI FL 33176
			800003457508--6 -11/08/00--01065--018 ****750.00 ****750.00
			<i>Bull</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARTINEZ, LAZARO A
 3749 SW 149TH AVE.
 MIAMI FL 33185

Name
MARTINEZ, LAZARO A.
 Street Address (P.O. Box Number is Not Acceptable)
434 SW 12 AVE
 Suite, Apt. #, Etc.
SUITE # 100
 City
Miami
 State
FL
 Zip Code
33135

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.

Signature of Registered Agent

[Signature]

Date

10/18/00

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/18/00

Daytime Phone #

(205) 643-3565

CR2E040 (9/00)