

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 14 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000016009

1. Corporation Name

ADVANCED IMAGING SUPPLY, INC.

Principal Place of Business

13279 SW 124TH STREET
MIAMI FL 33186

Mailing Address

13279 SW 124TH STREET
MIAMI FL 33186

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

2. New Principal Office Address, If Applicable

13279 SW 124th ST.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

same
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

02/18/1999

5. FEI Number

65-0895282

Applied For

Not Applicable

City & State

Miami, Florida

City & State

Zip

33186

Country

USA.

Zip

Country

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
D	ACUNA, MARTIN JR	15108 SW 140TH CT	MIAMI FL 33186
D	ACUNA, SANDRA	15108 SW 140TH CT	MIAMI FL 33186
D.	Osorio, Sandra	APT-109 13830 SW 12 ST.	Miami, FL 33186

8. Name and Address of Current Registered Agent

ACUNA, SANDRA
13279 SW 124TH STREET
MIAMI FL 33186

9. Name and Address of New Registered Agent

Name

Sandra Osorio

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

13279 SW 124th ST.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33186

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. or 617.0505, F.S.

Signature of
Registered Agent

~~SIGNATURE REQUIRED~~

REGISTERED AGENT MUST SIGN

Date 10-24-02

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 REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-02

Date

(305) 252

Daytime Phone #

CR2E040 (8/02)

ADVANCED IMAGING SUPPLY, INC.

November 7, 2002

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

Subject : Advanced Imaging Supply, Inc


Reference Number: P99000016009

I am sending a copy of my first report mailed on may 06-02 with check # 1008

And at the same time I am sending the other form application for reinstatement.

If you need additional information please do not hesitate to contact to me.

Sincerely,


SANDRA OSORIO H.
Director

13279 S.W 124 ST
MIAMI FL. 33186
(305) 278-1815