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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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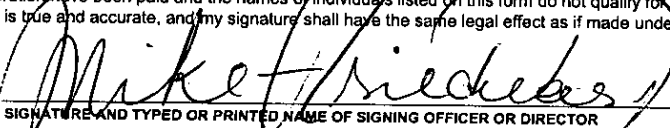
CORPORATION 		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99006024490 1. Corporation Name mobile Cat Scan Services, Inc.			
2. Principal Office Address 2050 NE 163 STREET Suite, Apt. #, etc. 2nd Floor City & State NMB FL Zip 33162 Country USA		3. Mailing Office Address P.O. BOX 641235 Suite, Apt. #, etc. City & State Miami FL Zip 33164 Country	

4. Date Incorporated or Qualified To Do Business in Florida. 3-17-99	
5. FEI Number 65-090-7129	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent Name Friedeberg, Michael Street Address (P.O. Box Number is Not Acceptable) 2050 NE 163 Street (2nd Floor) Suite, Apt. #, Etc. City NMB State FL Zip Code 33162	
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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 _____ Date _____ REGISTERED AGENT MUST SIGN	
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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	Aaron Michael Friedeberg	P.O. Box 641235	NMB, FL 33162

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	9/5/02 3796-2337 Date Daytime Phone #

CR2E081 (9/01)

September 5, 2002

VIA FEDERAL EXPRESS

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

RE: Mobile Cat Scan Services
FEI #: 65-090-7129

To Whom It May Concern:

Please find this as a request to reinstate the license for Mobile Cat Scan Services. We are requesting that you waive your \$600.00 penalty fee due to the fact that our mailing address changed and we never received notification that we needed to renew our license. Please be advised that our new address is: 2050 NE 163rd Street North Miami Beach, Florida 33162.

Also, please find enclosed a check in the amount \$308.75 as payment for our corporation license for the year 2002 & 2003.

Thank you for your prompt attention on this matter.

Sincerely,



Michael Friedeberg
Mobile Cat Scan
President

Enclosure