

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

CORPORATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 26 AM 8:11

DOCUMENT # P99000091518

1. Corporation Name Dantes Medical Imaging, Inc.

2. Principal Office Address

4360 Walnut Bend

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32257

Country

3. Mailing Office Address

4360 Walnut Bend

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32257

Country

4. Date Incorporated or Qualified
To Do Business in Florida

Oct. 18, 1999

5. FEI Number

59-3603379

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

Dan Duane Dantes

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

4360 Walnut Bend

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32257

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

Dan Duane Dantes

REGISTERED AGENT MUST SIGN

Date 4/25/01

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
P	Dan Duane Dantes	4360 Walnut Bend	Jacksonville, FL 32257
S			
T			

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 118.07(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:

Dan Duane Dantes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

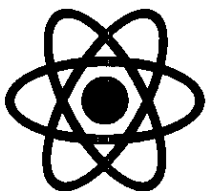
4/25/01

Date

904-923-1925

Daytime Phone #

CR2001 (9/00)



**Dantes Medical
Imaging,
Inc.**

4360 Walnut Bend
Jacksonville, FL 32257
OFFICE 904-923-1925
FAX 904-262-7761

20F2

Sirs:

My company was incorporated in Holly Hill, FL in October of 1999 with a tax ID number of 59-3603379. In November of 1999, I relocated to Jacksonville at the above address. I have been doing business at this location ever since. All taxes and fees due by my corporation have been paid from this location and I sent in the proper change of address forms to those agencies. I probably did not change my address with you and therefore did not receive my UBR last year or this year. I have learned my company has been dissolved and I request a reinstatement. I also request a wavier of my penalty due to my ignorance of this fee. I have retained a CPA to review my business obligations and correct any problems of this type. He is the person who brought this to my attention so I should be on track to prevent this problem again.

After speaking with your representative today, I am enclosing a check for \$300 covering my registration fees for years 2000 and 2001. I understand I am still obligated for penalties if my wavier request is denied.

Thank you for your help in this matter.

Duane Dantes

President