

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000091586

1. Corporation Name

MILLENNIUM OPEN MRI CORP.

Principal Place of Business

3075 NW 107TH AVENUE
MIAMI FL 33172

Mailing Address

3075 NW 107TH AVENUE
MIAMI FL 33172

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

2. New Principal Office Address, If Applicable

7360 Coral way

Suite, Apt. #, etc.

27A

City & State
Miami FL

Zip Country
33155 U.S.A.

3. New Mailing Office Address, If Applicable

7360 Coral way

Suite, Apt. #, etc.

27A

City & State
Miami FL

Zip Country
33155 U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

10/19/1999

5. FEI Number 65-0955915
APPLIED FOR

Applied For

Not Applicable

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	DECESPEDES, JORGE	3075 NW 107TH AVENUE	MIAMI FL 33172
D/p	DECESPEDES, CARLOS	3075 NW 107TH AVENUE	MIAMI FL 33172
D	PASCUAL-FERNANDEZ, ANA	3075 NW 107TH AVENUE	MIAMI FL 33172

8. Name and Address of Current Registered Agent

AVELLAN, LILIANA V ESQ.
GARCIA & AVELLAN, P.A.
201 ALHAMBRA CIRCLE SUITE 500
CORAL GABLES FL 33134-5107

9. Name and Address of New Registered Agent

Name
Marcos A. Guerra
Street Address (P.O. Box Number is Not Acceptable)
3663 SW 8th Street
Suite, Apt. #, Etc.
210
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

Marcos A. Guerra
REGISTERED AGENT MUST SIGN

Date

1/8/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/01



REINSTATEMENT 01-02