

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000095555			
1. Corporation Name SOUTH FLORIDA <u>OPEN-MRI</u> , INC.			
2. Principal Office Address 115 Ponce De Leon Blvd Suite, Apt. #, etc.		3. Mailing Office Address 115 PONCE DE LEON BLVD Suite, Apt. #, etc.	
City & State Coral Gables, FL		City & State CORAL GABLES, FL	
Zip 33135	Country USA	Zip 33135	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 11/05/99		5. FEI Number 65-0957909	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name DANIEL KEIL			
Street Address (P.O. Box Number is Not Acceptable) 3165 WEST 4TH AVENUE			
Suite, Apt. #, Etc.			
City HIALEAH		State FL	Zip Code 33012
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			
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
PD	RUBEN REYES	7160 SW 16 STREET	MIAMI, FL 33155
V PD	ROBERT RODRIGUEZ	3291 SW 25 STREET	MIAMI, FL 33133
TD	CARLOS MARTINEZ	2255 SW 22 TERRACE	MIAMI, FL 33145
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: _____		Date _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # _____	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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11/18/02 0 1090 002 \$150.00

CR2E081 (9/01)

GREENWALD GLAUSER & ROSS, P.A.

Certified Public Accountants

DADE (305) 931-1265
BROWARD (954) 523-8144
FAX (305) 931-4158

February 6, 2003

Department of State.
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

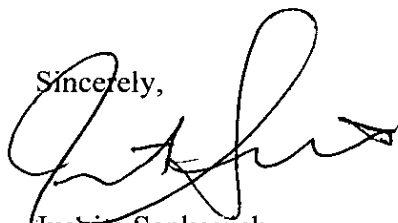
To Whom It May Concern:

Please accept this Application for Reinstatement, for South Florida Open MRI, Inc. My client never received the original UBR Form for the year 2002. As this is a yearly form, it never crossed their mind to send change of address from the prior year. And being that they never received the 2002, it couldn't be corrected. When we finally realized that the corporation was dissolved, we typed a form from your website and sent it in along with a check for \$150.00. This form had the correct address, but wasn't noted as a change of address, due to the fact we didn't know you had the wrong address. So, when Mr. Shivers rejected the form because of the wrong amount sent, and no letter of reason why it was late, "not receiving the original", it once again was mailed to the wrong address.

In knowing this I hope you'll please consider waving the additional fee, this one time. I'll do my very best to make sure it will be filed in a timely manner, from this year on.

Thanking you in advance.

Sincerely,



Juanita Sankovich
Bookkeeper