

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 NOV 24 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S25176

1. Corporation Name

MEDICAL DIAGNOSTIC ULTRASOUND SERVICES, INC.

Principal Place of Business

5 WINDSOR PLACE
SUITE C
PALM COAST FL 32164
US

Mailing Address

PO BOX 730483
SUITE C
ORMOND BEACH FL 32173
US

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

2. New Principal Office Address, If Applicable
770 W. GRANADA BLVD.

3. New Mailing Office Address, If Applicable
P.O. BOX 730483

4. Date Incorporated or Qualified
To Do Business in Florida

01/15/1991

Suite, Apt. #, etc.
SUITE 205

Suite, Apt. #, etc.

5. FEI Number

59-3047439

Applied For

Not Applicable

City & State
ORMOND BEACH, FL

City & State
ORMOND BEACH, FL

Zip Country
32174 VOLUSIA

Zip Country
32173-0483 VOLUSIA

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	JONES, BILLIE S	28 OCEAN DUNE CIRCLE	PALM COST FL
ST	HICKEY, JAMIE	1404 GOLF AVE	ORMOND EBACH FL
P	JONES, BILLIE S	6 CROSSLEAF COURT	PALM COAST, FL
VP	HICKEY, JAMIE L	160 WESTHAMPTON DRIVE	PALM COAST, FL

8. Name and Address of Current Registered Agent

JOHNSON, RONALD
326 S GRANDVIEW AVE
SUITE C
DAYTONA BEACH FL 32118

9. Name and Address of New Registered Agent

Name

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

100002358091-2

Suite, Apt. #, Etc.

11/26/97-01087-003

City

******165.00 ****165.00**

State

FL

Zip Code

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

Date

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/31/97 (904) 672-5727

Daytime Phone #

CR2040 (8/97)

(2)

**MEDICAL DIAGNOSTIC
ULTRASOUND SERVICES, INC.**

October 31, 1997

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam,

Today Medical Diagnostic Ultrasound Services, Inc., received a notice of Administrative Dissolution or Revocation. On April 7, 1997 MDUS mailed in Corporation Annual Report along with a check for \$165.00, but for some reason the check was never credited. MDUS is submitting a copy of the original report and another check for \$165.00. Please notice that there are corrections to be made for the new annual report. If you have any questions please call (904)672-5727 between the hours of nine am to five pm.

Thank You,

Jamie Hickey
Vice President