FIL.ED PLEASE READ ACL INSTRUCTIONS BEFORE COMPLETING THIS FORM PH 3: 49 SECHLIARY OF STATE TALLAHASSEE, FLORIDA FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # 1. Corporation Name Ronald Burk, PA 12750 Kapok Lane Davie, FL 33330 REMSTATEMENT 02-01 2. Principal Office Address 3. Mailing Office Address 12750 Kapok Lane 12750 Kapok Lane Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date incorporated or Qualified To Do Business in Florida October 4, 1991 City & State City & State 5. FEI Number Applied For Davie, FL 33330 Davie, FL 33330 65-0290950 Not Applicable Zin Country Country 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status 7. Name and Address of Current Registered Agent Name Ronald Burk 136 Street Address (P.O. Box Number is Not Acceptable) **600.00 12750 Kapok Lane Suite, Apt. #. Etc. Zip Code 33330 City State Davie (01/05) 8. I, being appointed the registered agent of the above named corporation am familiar with and accept the abligations of section 607.0505 or 617.0503, F.S. 6/4/05 Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Officers and/or Directors Titles City / State / Zip Ronald Burk 12750 Kapok Lane Davie, FL 33330 Pres VP/Sec Lisa Burk 12750 Kapok Lane Davie, FL 33330 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 filling 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 game logal affect as if made under oath. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VETERINARY RADIOLOGY SERVICES OF SOUTH FLORIDA

Administrative Office
Veterinary Radiology Services
of South Florida
12750 Kapok Lane
Davie, FL 33330

Ronald L. Burk, DVM,MS,MBA

Diplomate, American College of Veterinary Radiology
(Radiology, Radiation Oncology)

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of South Florida
9410 Stirling Road
Cooper City, FL 33024
Tel: (954) 437-9630
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June 7, 2005

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

Dear Division representative,

Enclosed please find a form for corporation reinstatement and a check for \$600 to have Ronald Burk, PA reinstated to active status.

I apologize for failing to maintain this activation. I never received the bill back then and ask that the penalty be waived.

Also, I would like to change the address of the corporation to (this is noted correctly on the reinstatement form):

Ronald Burk, PA 12750 Kapok Lane Davie, FL 33330

The new phone number is 954-424-8649. The daytime phone number is 954-437-9630.

Thank you for your help in this matter.

Sincerely.

Ronald L. Burk, DVM President, Ronald Burk, PA