
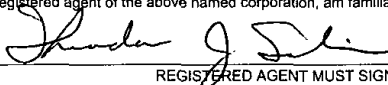
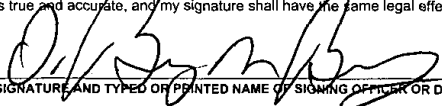


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S92959			
1. Corporation Name South Florida MRI Centers, Inc			
2. Principal Office Address 8000 SW 87 Ave		3. Mailing Office Address 8000 SW 87 Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami FL	
Zip 33143	Country	Zip 33143	Country
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number *65-0299961	
		Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Theodore J. Silver, Esq. 100004604691-7			
Street Address (P.O. Box Number is Not Acceptable) 1575 MADRUGA Ave -09/21/01--01092--012			
Suite, Apt. #, Etc. 216 ****450.00 ****450.00			
City Coral Gables		State FL	Zip Code 33146
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 9/9/01	
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
Pres/Dir	BARRY N. BURAK	3195 S. BAYSHORE DRIVE	COCONUT GROVE, FL 33133
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 9/9/01 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

APPROVED
AND
FILED

01 SEP 17 PM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (9/00)



8000 S.W. 67th Avenue
Miami, FL 33143
Office: (305) 666-8883
Fax: (305) 666-8888

Dr. Barry N. Burak, F.A.C.C.
Chiropractic Physician

August 11, 01

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

RE : REINSTATEMENT OF SOUTH FLORIDA MRI CENTERS, INC.
THAT WAS DISSOLVED ON SEPTEMBER 24, 1999

To whom it may concern:

Enclosed is our reinstatement form along with a check in the amount of \$450.00.

Pursuant to a phone conversation I had with someone in your Division of Corporations, there will be no penalty charges applied to our reinstatement amount, they are being waived. This is because both of our 1999 reports were returned by the post office and never received.

Thank you for your attention to this, I remain

Sincerely yours,

Mitzi R. Marks
Administrative Assistant

MRM/me

enclosure as above