

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

96 NOV 18 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V27778**

1. Corporation Name

STATEWIDE IMAGING, INC.

Principal Place of Business

2820 N. AUSTRALIAN AVE.
SUITE 111
WEST PALM BEACH FL 33407

Mailing Address

2820 N. AUSTRALIAN AVE.
SUITE 111
WEST PALM BEACH FL 33407

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/08/1992

5. FEI Number

05-0331154

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
VP	OLIN, FRANK	2820 N. AUSTRALIAN AVE.	WEST PALM BEACH FL 33407
P	NAAR, CLAUDE	2820 N. AUSTRALIAN AVE.	WEST PALM BEACH FL 33407

400002010844--1
11/21/96 01026-012
***375.00 ***375.00

REINSTATEMENT

11-18-96

J. Naar

8. Name and Address of Current Registered Agent

~~OLIN, FRANK~~
2820 N. AUSTRALIAN AVE.
SUITE 111
WEST PALM BEACH FL 33407

9. Name and Address of New Registered Agent

Name **CLAUDE NAAR**
Street Address (P.O. Box Number is Not Acceptable)
2820 N AUSTRALIAN AVE
Suite, Apt. #, Etc. **SUITE 111**
City **WEST PALM BEACH** State **FL** Zip Code **33407**

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

Claude Naar
REQUIRED
REGISTERED AGENT MUST SIGN

Date

11-18-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Claude Naar
REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CLAUDE A. NAAR MD

11-18-96

SW-655-647