

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -6 PH 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V63722

1. Corporation Name

Diagnostic Access Imaging, Inc.

2. Principal Office Address

12995 S. Cleveland

3. Mailing Office Address

12995 S. Cleveland

Suite, Apt. #, etc.

182

Suite, Apt. #, etc.

182

City & State

Fort Myers, Florida

City & State

Fort Myers, Florida

Zip

33907

Country

USA

Zip

33907

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/27/1992

5. FEI Number

593139353

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Frank P. Murphy, Esq.

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

6210 Tamimai Trail, North

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34108

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

Frank P. Murphy
REGISTERED AGENT MUST SIGN

Date

9/29/03

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
DVT	Woodburn, Martha H.	13156 Tall Pine Cir.	Fort Myers, Florida 33907
DVS	Forrest, Samuel	432 Harbor Rd.	North Fort Myers, Florida 33903
D	Eds, Gregory	311 N. Deerfield Circle	Salisbury, North Carolina 28145

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:

Martha H. Woodburn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/25/03

Daytime Phone #

239-936-3332

CR2E081 (10/02)

2/10/6

FRANK P. MURPHY, Esq.

6210 Tamiami Trail, North
Naples, Florida 34108
(239)566-7076
(239)566-7857 Facsimile
trusts_r_us@email.msn.com

September 29, 2003

Division of Corporations
Department of State
Post Office Box 6327
Tallahassee, Florida 32314

Re: Diagnostic Access Imaging, Inc.

Dear Division of Corporations,

We are respectfully requesting that the penalty portion of the reinstatement for Diagnostic Access Imaging, Inc. be waived for the following reasons.

- 1) Mr. Hansen, Diagnostic's President and Owner of Diagnostic Access Imaging, Inc. has recently passed away. His daughter Martha H. Woodburn is currently taking over the business;
- 2) Mrs. Woodburn is also currently caring for her elderly mother who is suffering from Alzheimer's; and
- 3) Martha H. Woodburn was recently hospitalized for surgery and was therefore unavailable and unaware that the Corporation did not file it's Annual Report on a timely basis.

We would appreciate it if you would take into consideration the above facts in this case, and waive any penalties due.

At this time we are also enclosing the Corporation Reinstatement form together with a check in the amount of \$150.00 which represents filing fees currently due.

Should you have any questions, please do not hesitate to contact my paralegal Lisa Anne Tarvin.

Sincerely,


Frank P. Murphy, Esq.

Enclosures:

Corporate Reinstatement form;
Check no.: 7437 in the amount of \$150.00
Martha Hansen

Signed in absence to avoid delay

cc: