

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB 16 PM 4: 25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # V72790

Corporation Name

VIVRA HEART SERVICES OF BOCA RATON, INC.

Principal Office Address 533 AIRPORT BLVD.		3. Mailing Office Address 533 AIRPORT BLVD.	
Suite, Apt. #, etc. SUITE 400		Suite, Apt. #, etc. SUITE 400	
City & State BURLINGAME, CA 94010		City & State BURLINGAME, CA 94010	
Country US	Zip 94010	Country US	Zip 94010

4. Date Incorporated or Qualified To Do Business in Florida	10/15/92
5. FEI Number	650363497
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent			
Name NRAI SERVICES, INC.		400003746254-2	
Street Address (P.O. Box Number is Not Acceptable) 526 EAST PARK AVENUE		-02/21/01-01116-003 ****150.00 ****150.00	
Suite, Apt. #, Etc.		400003746254-2	
City TALLAHASSEE		-02/21/01-01116-004 ****758.75 ****758.75	
State FL	Zip Code 32301		

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.

Nature of Registered Agent: Charles VP Charles Baclet, VP Date: 2/14/01

REGISTERED AGENT MUST SIGN

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
DIRECTOR, PRES	JAMES B. WILLIAMS	533 AIRPORT BLVD, SUITE 400	BURLINGAME, CA 94010
VP, SEC	HOWARD LEWIN	533 AIRPORT BLVD, SUITE 400	BURLINGAME, CA 94010

REINSTATEMENT 2000-01

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: Howard J Lewin HOWARD J LEWIN 2/14/01 Date: 2/14/01 301 654-0434 Daytime Phone #