

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JUL 28 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000081337

1. Corporation Name

Coral Way MRI, Inc.

REINSTATEMENT 910-91

Principal Place of Business Mailing Address

400 8th Street North
Naples, FL 34103

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

2. New Principal Office Address, if Applicable

3. New Mailing Address, if Applicable

4. New Address, if Applicable

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE
4. Date Incorporated or Qualified
to Do Business in Florida Nov 24, 1993

5. FSI Number

65-0454904

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DECIDED

50.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DPT	FRANCIS D. HUSSEY, JR.	400 8th St. N.	NAPLES FL 34103
DS	MARY PAT. HUSSEY	400 8th St. N.	NAPLES FL 34103
DV	JOHN G. VEGA	2660 AIRPORT ROAD S.	NAPLES FL 34112
			LUUUU2248926

8. Name and Address of Current Registered Agent

JOHN G. VEGA
2660 AIRPORT RD. S.
NAPLES, FL 34112

9. Name and Address of New Registered Agent

Name

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

Route, Apt. #, Etc.

City

State

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0305, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 7/25/97

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I re-
lease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) in the event that the information supplied is deemed exempt from public access. I
certify that I am an officer or director of the corporation and am 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., and that all
fees owed by the corporation have been paid. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN G. VEGA-7/25/97 (941)774-3333



2052

ACCOUNT NO. : 072100000032
REFERENCE : 476370 80527A
AUTHORIZATION : Patricia Pizzit
COST LIMIT : \$ 923.75

ORDER DATE : July 28, 1997
ORDER TIME : 11:17 AM
ORDER NO. : 476370-005
CUSTOMER NO: 80527A
CUSTOMER: John G. Vega, Esq
Vega Stanley Zelman & Hanlon,
2660 Airport Road, South
Naples, FL 34112

DOMESTIC FILINGS

NAME: CORAL WAY MRI, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder
EXAMINER'S INITIALS

DB
7-28-97

07 JUL 29 09:29:21
FBI - MIAMI