

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P990G0080771

1. Corporation Name

SONO IMAGING, INC.

Principal Place of Business

Mailing Address

309 3RD WAY
WEST PALM BEACH FL 33407

309 3RD WAY
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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/07/1999

5. FEI Number

65-0958429

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)	2	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director	4	City / State / Zip
D		VIRGO, BRETT M		309 3RD WAY		WEST PALM BEACH FL 33407
D		MORALES-HENDRY, VANESSA I		309 3RD WAY		WEST PALM BEACH FL 33407

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-11/02/00--01009--020
****150.00 ****150.00

10/18/2000

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VIRGO, BRETT M
309 3RD WAY
WEST PALM BEACH FL 33407

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/18/2000

11. 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:

VANESSA MORALES-HENDRY (VANESSA MORALES-HENDRY) (361) 301-8444
10/18/2000
Date Daytime Phone #

CR2E44 (8/00)



BRENDA M. SELIGMAN, P A

CERTIFIED PUBLIC ACCOUNTANT

11380 Prosperity Farms Rd., Suite 210-B, Palm Beach Gardens, FL 33410
Tel: 561-622-5680 • Fax: 561-622-5758 • E-mail: brenmae1@aol.com

October 17, 2000

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

Re: Sono Imaging, Inc.
Document #: P99000080771

Dear Sirs,

The taxpayer received a notice of administrative dissolution. The taxpayer incorporated in 1999 and did not know to expect the annual report, and did not know that she had to pay an annual fee each year. The taxpayer did not receive the annual report. (In reality, many of my clients did not receive the annual report this year.) She knows now, to expect the annual report at the beginning of each year.

I am attaching the Application for Reinstatement and a check for \$150. Please reinstate the corporation and abate all extra fees.

If you have any questions, please feel free to call me.

Very truly yours,

Brenda M. Seligman, CPA

Enclosure

cc: Sono Imaging, Inc.