

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 11 PM 4:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F02000002613**

1. Corporation Name

**RADIATION SHIELD TECHNOLOGIES, INC.**

Principal Place of Business

Mailing Address

200 S. BISCAYNE BLVD., SUITE 3560  
MIAMI FL 33131

200 S. BISCAYNE BLVD., SUITE 3560  
MIAMI FL 33131



**REINSTATEMENT 03**

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

2. New Principal Office Address, If Applicable <b>401 SW LeJeune Rd</b>		3. New Mailing Office Address, If Applicable <b>1825 Ponce De Leon Blvd</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>05/28/2002</b>	
Suite, Apt. #, etc. <b># 200</b>		Suite, Apt. #, etc. <b># 456</b>		5. FEI Number <b>02-0602502</b> <del>APPLIED FOR</del>	
City & State <b>CORAL GABLES FL</b>		City & State <b>CORAL GABLES FL</b>		Applied For Not Applicable	
Zip <b>33134</b>	Country <b>US</b>	Zip <b>33140</b>	Country <b>US</b>	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CPST	DEMEO, RONALD F M.D.	<del>90 ALTON ROAD, #3406</del> <b>1000 South Point Dr</b> <b># 1401</b>	MIAMI BEACH FL 33139

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

<b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City		State <b>FL</b>	Zip Code
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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. or 617.0505, F.S.

Signature of Registered Agent

*[Signature]*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date **11/10/03**

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:

*[Signature]*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date **11/10/03**

Daytime Phone # **(305) 774-6969**

CR2E040 (7/03)