

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 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **F02000002614**

1. Corporation Name

**RADGUARD, INC.**

Principal Place of Business

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

Mailing Address

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

2. New Principal Office Address, If Applicable

401 SW LeJeune Rd  
Blvd  
# 200

3. New Mailing Office Address, If Applicable

1825 Ponce De Leon Blvd  
# 456

4. Date Incorporated or Qualified To Do Business in Florida

05/28/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number 02-0602554

Applied For

City & State  
CORAL GABLES

City & State  
CORAL GABLES FL

~~APPLIED FOR~~

Not Applicable

Zip 33134

Country US

Zip 33134

Country US

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CPST	DEMEO, RONALD F M.D.	90 ALTON ROAD, #3406 1000 SOUTH POINTE DR # 1401	MIAMI BEACH FL 33139

000024705990  
11/14/03--01042--019 \*\*750.00

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

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

11/10/03  
Date

(305) 774-6969  
Daytime Phone #

CR2E040 (7/03)