

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

02 OCT 31 PM 5:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

517741

1. Corporation Name

PHARMACON NUCLEAR, INC

2. Principal Office Address

64 SHERIDAN DR NE

Suite, Apt. #, etc.

3. Mailing Office Address

3812 McELROY RD

Suite, Apt. #, etc.

City & State

ATLANTA GEORGIA

Zip

30305

Country

USA

City & State

DORAVILLE GEORGIA

Zip

30840

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/01/1976

5. FEI Number

59-1704824

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KAY ANDREWS

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

9280 OCEAN DRIVE

Suite, Apt. #, Etc.

City

MIAMI

800008725178

10/31/02-01049-014 \*\*150.00

State

FL

Zip Code

33189

8. 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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

005-4500458-10150168798

10/31/02-01049-015

9. 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
P	TATRO, CLAUDE G. JR	64 SHERIDAN DR NE	ATLANTA GA 30305
VP	TATRO, CHARLOTTE R	64 SHERIDAN DR NE	ATLANTA GA 30305
S	TATRO, CAROLYN F	64 SHERIDAN DR NE	ATLANTA GA 30305

10. 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:

*Claude G. Tatro*

CLAUDE G TATRO

PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/2002

Date

6782090409

Daytime Phone #

CR2E081 (9/01)

71 11/6/02



Pharmacon Nuclear Inc.  
3812 McElroy Road-Office  
Doraville, GA 30340

---

October 25, 2002

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

This letter is to verify that we had not received any correspondence from Florida DOS prior to the letter received stating the corporation had been dissolved due to failure to file for the year 2002.

Enclosed are the corporation reinstatement form for Pharmacon Nuclear Inc. fin # 59-1704824, as well as, the \$61.25 annual report fee and the \$88.75 corporate supplemental fee.

Sincerely,

Claude G. Tatro, Jr.  
President

Enclosure

---