

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

03 NOV - 19 PM 2:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

600025069906
11/26/03--01040--014 **758.75

REINSTATEMENT 03

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F01000006155	
1. Corporation Name RADIUS CAPITAL CORPORATION	
2. Principal Office Address 4871 West Avenue M	3. Mailing Office Address 4871 West Avenue M
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Quartz Hill, CA	City & State Quartz Hill, CA
Zip 93536 Country USA	Zip 93536 Country USA

4. Date Incorporated or Qualified To Do Business in Florida	11/30/01
5. FEI Number	Applied For
95-4553681	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent	
Name Florida Compliance Specialists, Inc.	
Street Address (P.O. Box Number is Not Acceptable) 2331 Hansen Place	
Suite, Apt. #, Etc.	
City Tallahassee	State Zip Code FL 32301

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 *Robert Digiorgio* Date 11-19-03
REGISTERED AGENT MUST SIGN

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
Pres	ROBERT DIGIORGIO	4871 West Avenue M	Quartz Hill, CA 93536
VP	CHRISTINE DEGIORGIO	4871 West Avenue M	Quartz Hill, CA 93536

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: *Robert Digiorgio* Date 11-11-03 (661) 810-4741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (10/02)

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