


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV - 19 PM 2:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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 Suite, Apt. #, etc. City & State Quartz Hill, CA Zip 93536 Country USA		3. Mailing Office Address 4871 West Avenue M Suite, Apt. #, etc. City & State Quartz Hill, CA Zip 93536 Country USA	

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

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida 11/30/01	
5. FEI Number 95-4553681	Applied For 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 FL	Zip Code 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 Date Daytime Phone #

CR2E081 (10/02)

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