

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 96-091 REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F95000003057	

1. Corporation Name

RADIX MEDICAL CORPORATION

Principal Place of Business 4608 SW 74TH AVENUE MIAMI, FLORIDA 33155-4422	Mailing Address 4608 SW 74TH AVENUE MIAMI, FLORIDA 33155-4422
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. Date Incorporated or Qualified  
To Do Business in Florida  
AUGUST 9, 1995

5. FEI Number  
65-0617336

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status

SP  
Not Applicable

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	FRANK J. AVELLANET	4608 SW 74TH AVENUE	MIAMI, FLORIDA 33155-4422

500003022635-16  
10/22/99-01085-011  
\*\*\*1208.75 \*\*\*1208.75

8. Name and Address of Current Registered Agent

FRANK J. AVELLANET  
11024 SW 77TH COURT CIRCLE  
MIAMI, FLORIDA 33156

9. Name and Address of New Registered Agent

Name FRANK J. AVELLANET		
Street Address (P.O. Box Number is Not Acceptable) 4608 SW 74TH AVENUE		
Suite, Apt. #, Etc. --		
City MIAMI	State FL	Zip Code 33155-4422

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.

Signature of  
Registered Agent

*Frank J. Avellanet*  
REGISTERED AGENT MUST SIGN

Date

10/6/99

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes  No

(See other side for information  
on intangible tax.)

12. 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:

*Frank J. Avellanet*

FRANK J. AVELLANET 06/OCTOBER/99 (305) 269-0500

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRE081 (12/98)