

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 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

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
99 OCT 11 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida	AUGUST 9, 1995	SP
5. FEI Number	65-0617336	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	FRANK J. AVELLANET	4608 SW 74TH AVENUE	MIAMI, FLORIDA 33155-4422

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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

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

Date

(305) 269-0500

Daytime Phone #