

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F99000003846**

1. Corporation Name

PHOTOMEDEX, INC.

Principal Place of Business

Mailing Address

FIVE RADNOR CORPORATE CENTER
SUITE 470
RADNOR PA 19087

FIVE RADNOR CORPORATE CENTER
SUITE 470
RADNOR PA 19087

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

2. New Principal Office Address, If Applicable

147 Keystone Drive

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

147 Keystone Drive

Suite, Apt. #, etc.

City & State

Montgomeryville PA

Zip

18936

Country

Montgomery

City & State

Montgomeryville PA

Zip

18936

Country

Montgomery

FILED
04 AUG 31 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 03-04
09/08/04 01070 003 \$5150.00
700040873297
09/08/04--01070--004 **750.00
07/27/1999
5. FEI Number
59-2058100
Applied For
Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ \$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	4 City / State / Zip
PD	O'DONNELL, JEFFREY	<u>147 Keystone Drive</u> FIVE RADNOR CORPORATE CENTER STE	<u>Montgomeryville PA</u> RADNOR PA 19087 18936
VD	MCGRATH, DENNIS	<u>147 Keystone Drive</u> FIVE RADNOR CORPORATE CENTER STE	<u>Montgomeryville PA</u> RADNOR PA 19087 18936
D	CHARLTON, ALEX	1675 BROADWAY, 18TH FL.	NEW YORK NY 10019
D	MCATEE, JOHN J JR	TWO GREENWICH PLAZA	GREENWICH CT 06830
D	NOVAC, ALAN R	3050 K STREET, SUITE 205	WASHINGTON DC 20007
D	NOVARRO, SAMUEL E	135 EAST 57TH STREET, 16TH FLOOR	NEW YORK NY 10022

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Walter Reddick

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

17106 Heart of Palms Drive

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33647

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. or 617.0505, F.S.

Signature of
Registered Agent

Walter W. Reddick Jr.
Walter W. Reddick Jr.

REGISTERED AGENT MUST SIGN

Date

9-2-04

11. 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:

A. Davis Woodward
A. Davis Woodward
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/26/04 215-619-3600
Daytime Phone #

CR2E040 (7/03)