PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV 22 AM 9:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # J99816

1. Corporation Name

RADON CHECK, INC.

Principal Place of Business	Mailing Address
~~1501 CHURCH AVE. SO.~~ ~~SUITE 202~~ ~~TAMPA FL 33629~~ US	~~1501 CHURCH AV. SO.~~ P.O. BOX 320142 TAMPA FL 33679 US

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

REINSTATEMENT 96CW

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.: 201 Dale Mabry Hwy So.	Suite, Apt. #, etc.
City & State: TAMPA, FL	City & State
Zip: 33609 Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/21/1987

5. FEI Number: 59-2870091 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
VPT	SHENK, N. RUSSELL	1501 CHURCH AV SO #202	TAMPA FL
P	SHENK, MARY JO	2512 MORRISON AVE.	TAMPA FL

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~~11/26/96--01111--016~~
*****375.00 *****375.00

8. Name and Address of Current Registered Agent

SHENK, N. RUSSELL
2512 MORRISON AVE
TAMPA FL 33629

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

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: N. Russell Shenk SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN
Date: 11/20/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: N. Russell Shenk 11/20/96 813-879-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (7/96)