

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY -9 AM 9: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K39996**

1. Corporation Name

Therapeutic Radiological Physics Consultants, Inc.

2. Principal Office Address

2006 Magdalene Manor Drive

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33613

Country

USA

3. Mailing Office Address

2006 Magdalene Manor Drive

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33613

Country

USA

REINSTATEMENT 03-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/20/88

5. FEI Number

59-2918262

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

William Wedding

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

2006 Magdalene Manor Drive

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33613

200054679962

05/17/05--01058--009 **105 .00

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

William R. Wedding
REGISTERED AGENT MUST SIGN

Date

4/30/05

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
D	William Wedding	2006 Magdalene Manor Drive	Tampa, FL 33613
	Richard Pokorski		

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)(f), 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:

William R. Wedding
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/05 813 477 4368

Daytime Phone #

CP2E081 (01/05)