

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 OCT 21 AM 10:25

DOCUMENT # **K73168**

1. Corporation Name

THERADYNAMICS, INC.

Principal Place of Business

Mailing Address

**11221 MALAYAN ST.
 BOCA RATON FL.
 33428**

**P.O. BOX 970364
 BOCA RATON, FL.
 33497**

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

2. New Principal Office Address, If Applicable

11221 MALAYAN ST.

Suite, Apt. #, etc

3. New Mailing Office Address, If Applicable

P.O. BOX 970364

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

MARCH 1989

5. FEI Number

65-010-7844

Applied For

Not Applicable

City & State

BOCA RATON FL.

City & State

BOCA RATON FL.

Zip

33428

Country

U.S.A.

Zip

33497

Country

U.S.A.

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	JOHN B. LEONARD	11221 MALAYAN ST.	BOCA RATON, FL. 33428
S	MITCHELL COHEN	11221 MALAYAN ST.	BOCA RATON, FL. 33428
T	IRWIN DRUCKER	22150 CONCHA AVE.	BOCA RATON, FL. 33428
			800003031418--3 11/01/99--01128--003 ****908.75 ****908.75

8. Name and Address of Current Registered Agent

**JOHN B. LEONARD
 1515 S. FEDERAL HWY. SUITE 308
 BOCA RATON, FL 33428**

9. Name and Address of New Registered Agent

Name **JOHN B. LEONARD**
 Street Address (P.O. Box Number is Not Acceptable)
11221 MALAYAN ST.
 Suite, Apt. #, Etc.
 City **BOCA RATON** State **FL** Zip Code **33428**

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

[Signature]
 REGISTERED AGENT MUST SIGN

Date **10.18.99**

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN B. LEONARD

Date

10.18.99

Daytime Phone #

561-773-0031

CR2001 (12/98)