

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

1997 DEC -9 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # L03501

1. Corporation Name
RADIANT PROPERTIES, INC.

Principal Place of Business
~~2213 CULLEN LAKESHORE DRIVE~~
~~ORLANDO FL 32812~~

Mailing Address
~~2213 CULLEN LAKESHORE DRIVE~~
~~ORLANDO FL 32812~~



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

2. New Principal Office Address, If Applicable
3001 CURRY FORD RD.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
3001 CURRY FORD RD.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida
07/21/1989

City & State
ORLANDO FL

City & State
ORLANDO, FL

5. FEI Number
59-2969643

Applied For
Not Applicable

Zip
32806 Country

Zip
32806 Country

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
PS	PARK, JOHN N	2213 CULLEN LAKESHORE DR. 215 NEW GATE LOOP	ORLANDO FL 32812 HEATHERCROW FL 32746
			500002370035-9 -12/12/97--01004--017 ****750.00 ****750.00
			REINSTATEMENT <i>9/28/97</i>

8. Name and Address of Current Registered Agent

STARK, CHARLES H
RECICAR & STARK, P.A.
988 DOUGLAS AVE., STE. 100
ALTAMONTE SPRINGS FL 32714

9. Name and Address of New Registered Agent

Name
JOHN N. PARK
Street Address (P.O. Box Number is Not Acceptable)
215 NEW GATE LOOP
Suite, Apt. #, Etc.
City
HEATHERCROW State
FL Zip Code
32746

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 _____

11. This corporation owes or has paid 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/25/97 (407) 895-0070
Date Daytime Phone #

C-22E040 (8/97)