## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS	FILED  JECKETARY OF STATE  FILED  JECKETARY OF STATE  OUTURE OF CORPORATIONS  OUTURE OF CORPORATIONS
DOCUMENT # 1.85116 1. Corporation Name Rad Source Technologies, Inc.		COULLY HIND 41
2. Principal Office Address 415 Ramblewood Drive Suite, Apt. #, etc. # 207	3. Mailing Office Address 475 Ramblewood Druge Suite, Apt. #, etc. #207	PEINSTATEMENT QQ-DO  4. Date Incorporated or Qualified To Do Business in Elorida
Coval Springs, Fi Zip Coodity 33071 USA	Coral Springs, FL Zip Countly 33071 USA	5. FEI Number  6. S- 088 2844  Applied For  Not Applicable  S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent    Name   Rando   E   K   K		
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 REGISTERED AGENT MUST SIGN  Date 129/00		
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	
Bredor Randol E. Kirk 475 Ramblewood Dr. #207 Coral Springs, FL 33071		
Dir William M. Hartman 475 Ramblewood DR #207 Coral Springs, Fr 3307.		
Dir Robert Munson 475 Ramblewood Dr #20 Coval Springs FL 33071		
Mir- Aprian KESALA 475 Ramblewood Dr #207 Coval Springs F6 33071		
Dir RICHARD ADAMS	475 Ramblewood	Dr#201 Coval Springs, Fi 33071
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 filling 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 Date Daytime Phone #		