

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 FEB 27 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300089981293
03/02/07--01003--021 **367.50

REINSTATEMENT 02-07

CR2E081 (1/07)

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N47000001956

1. Corporation Name

Projectradical, Inc.

2. Principal Office Address - No P.O. Box #

522 Cypress Green Circle

Suite, Apt. #, etc.

City & State

Wellington FL

Zip

33414

Country

Palm Beach

3. Mailing Office Address

522 CYPRESS GREEN CIRCLE

Suite, Apt. #, etc.

City & State

Wellington, FL

Zip

33414

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

9/22/99

5. FEI Number

650823789

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

KATALEEN MIRRA

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

522 CYPRESS GREEN CIRCLE

Suite, Apt. #, Etc.

City

WELLINGTON

State

FL

Zip Code

33414



The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Kathleen Mirra

REGISTERED AGENT MUST SIGN

Date

2/22/07

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
DPED	DEAN MIRRA	522 CYPRESS GREEN CIR.	WELLINGTON, FL 33414
DVPT	KATHLEEN MIRRA	522 CYPRESS GREEN CIR.	WELLINGTON, FL 33414
DS	CATELLO MIRRA	6127 NEWSTEAD COURT	GREENACRES, FL 33463

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 contained in Chapter 119, 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/22/07

Daytime Phone #

561-795-5741

2/28/07