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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

OH APR 19

OH APR 19 CORPORATION REINSTATEMENT DOCUMENT # PO0 0000 51782 STERITRONIX, INC **300033096603** 04/19/04--01074--015 \*\*45 3. Mailing Office Address 2. Principal Office Address 3573 NW 19th ST P. O. Box 2547 5 Suite, Apt. #, etc. Suite, Apt. #, etc. Date Incorporated or Qualified N/A N/A To Do Business in Florida 2000 City & State City & State Applied For 5. FEI Number auderdale LAKES TAMARAC, FL 65-0614079 Not Applicable CERTIFICATE OF STATUS DESIRED 60.75 Additional Fee require for a Certificate of Status 33313 33320  $U. \leq A$ U.S.A 7. Name and Address of Current Registered Agent Name HERIC 11-6RING Street Address (P.O. Box Number is Not Acceptable) 19-1 STREET 3513 NW Suite, Apt. #, Etc. Zip Code City State FL auderdale 33313 CR2E081 (01/04 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 Date 4/14/04 Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Titles City / State / Zip Officers and/or Directors 16627 DEER PAIH WELLINGTON, FL CHERIE PRES DEERING LANG VICE DEER PATH TRAU,5 PRES 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 shalf have the same legal effect as if made under oath. CHICRIE DEERING 4/14/04 (954) 742-8030
Dayline Phone # SIGNATURE:

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TO:

**DIVISION OF CORPORATIONS** 

FROM:

CHERIE DEERING

COMPANY NAME: STERITRONIX, INC.

DOCUMENT NO:

P00000051782

DATE:

APRIL 14, 2004

We would like to request that the fee be waived for the reinstatement of our Company, Steritronix, Inc. The address noted on file was incorrect and we never received the renewal information, consequently our company was dissolved.

The address on file listed our address as NW 19<sup>th</sup> Avenue, our correct address is on 19<sup>th</sup> Street. Please see enclosed copy from 2001. Again please waive the fee due to this incorrect address.

Thank you,

Cherie Deering