

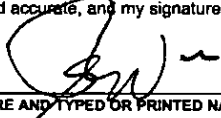


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 AUG 17 PM 2:00 SECRET TALLAHASSEE, FLORIDA
DOCUMENT # 1. Corporation Name <div style="font-size: 2em; margin-left: 100px;">P 000000 93281</div>			
2. Principal Office Address Oncology Design Inc. 6867 Heartland Circle Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State Tallahassee, FL		City & State 	
Zip 32312-7524	Country USA	Zip 	Country
		4. Date Incorporated or Qualified To Do Business in Florida 11/13/90	
		5. FEI Number 593049919	Applied For Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Eric C. Rost			
Street Address (P.O. Box Number is Not Acceptable) 6867 Heartland Circle			
Suite, Apt. #, Etc. Ft			
City Tallahassee		State FL	Zip Code 32312-7524
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 		Date 8/16/05	
REGISTERED AGENT MUST SIGN			
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
Pres.	Eric C. Rost	6867 Heartland Circle	Tall. FL 32312
v-p	Katie Harmon	5129 Maddox Rd.	Tall, FL 32303
s/t	Jamie Rost	645 Fountain Blvd.	Satellite Beach, FL 3293
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 under section 119.07(3)(l), 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: 		8/16/05 (850) 284-8156	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E081 (01/05)