PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV 18 PM 2: 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000005421**

1. Corporation Name

FLOUROSCOPIC RESOURCES, INC.

REINSTATEMENT 02

Principal Place of Business	Mailing Address
17 WHITEHALL COURT FLGLER BEACH FL 32136	17 WHITEHALL COURT FLGLER BEACH FL 32136

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida **01/16/2001**	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 59-3696-796	Applied For / Not Applicable
City & State	City & State	6. CERTIFICATE OF STATUS DESIRED ☐	$8.75 Additional Fee required for a Certificate of Status
Zip / Country	Zip / Country		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	EADS, JAMES J	17 WHITEHALL COURT	FLGLER BEACH FL 32136
		6000008632866 10/28/02--01110--009 **750.00	

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
EADS, JAMES J 17 WHITEHALL COURT FLGLER BEACH FL 32136	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State **FL** / Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent _SIGNATURE REQUIRED_   Date 10/14/02
REGISTERED AGENT MUST SIGN

11. 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 REQUIRED_   10/15/02   386 451-5173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #