

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 DEC 23 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000032747**

1. Corporation Name

RT 21 Radiation Systems
Corporation

REINSTATEMENT **03**

400025697434
12/23/03--01006--010 **793.75

2. Principal Office Address 9130 S. Dadeland Blvd. Suite, Apt. #, etc. 1528 City & State Miami, FL Zip 33156		Country USA		3. Mailing Office Address 9130 S. Dadeland Blvd. Suite, Apt. #, etc. 1528 City & State Miami, FL Zip 33156		Country USA	
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4. Date Incorporated or Qualified To Do Business in Florida 3/30/01	
5. FEI Number 65097135	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Pinkert Law Firm	
Street Address (P.O. Box Number is Not Acceptable) 9130 S. Dadeland Blvd.	
Suite, Apt. #, Etc. 1528	
City Miami	State FL
	Zip Code 33156

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 *[Signature]* on behalf of Pinkert Law Firm Date 12/18/03
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. Dir.	Trs. Sec. James G. Schwade	10201 Sabal Palm Avenue	Coral Gables, FL 33156

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)(f), 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]* **JAMES SCHWADE** 12/18/03 Date (305) 670-2256 Daytime Phone #

CR2E081 (10/02)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: RT 21 Radiation Systems Corporation

2. The principal office address: 9130 South Dadeland Blvd., Suite 1528
Miami, FL 33156

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 3/30/01 Document number: P01000032747

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

KTG&S Registered Agent Corporation
100 SE 2nd Street, Suite 2800
Miami, FL 33131-2144

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Pinkert Law Firm
9130 S. Dadeland Blvd., Suite 1528
(P.O. Box or personal mailbox NOT acceptable)
Miami, FL 33156


The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

James G. Schwade
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

12/19/03
(Date)

If signing on behalf of an entity:

STEVEN PINKERT X
(Typed or Printed Name)

Partner
(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314