

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 APR 27 PM 3:49

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000086891

**1. Corporation Name**

Radpro, Inc.

**2. Principal Office Address**

720 S. Powerline Rd.

Suite, Apt. #, etc.

Suite E

City & State

Deerfield Beach, FL

Zip

33442

Country

USA

**3. Mailing Office Address**

720 S. Powerline Rd.

Suite, Apt. #, etc.

Suite E

City & State

Deerfield Beach, FL

Zip

33442

Country

USA

**REINSTATEMENT 02-06**

CR2E081 (12/05)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

9/4/01

**5. FEI Number**

20-4761873

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

E.H.G. Resident Agents, Inc.

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

5100 Town Center Circle

Suite, Apt. #, Etc.

Suite 430

City

Boca Raton

100074352081

05/10/06--01004--021 \*\*\*1350.00

State

FL

Zip Code

33486

**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] President  
REGISTERED AGENT MUST SIGN

Date 4/26/06

**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
<u>PD</u>	<u>Timothy Martinson</u>	<u>12475 Clearfalls Drive</u> <u>Boca Raton, FL</u>	<u>Boca Raton, FL</u>
<u>T</u>	<u>Lisa Martinson</u>	<u>12475 Clearfalls Drive</u>	<u>Boca Raton, FL</u>
<u>D</u>	<u>Christopher Duca</u>	<u>720 S. Powerline Rd., #E</u>	<u>Deerfield Beach, FL</u>

**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] LISA MARTINSON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06  
Date

954-428-6191  
Daytime Phone #