PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 26 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000115396

1. Corporation Name
CMS RADIANT, INC.

2. Principal Office Address	**3.** Mailing Office Address
1835 E. HALLANDALE BCH BLVD	1835 E. HALLANDALE BCH BLVD
Suite, Apt. #, etc.: SUITE 161	Suite, Apt. #, etc.: SUITE 161
City & State: HALLANDALE, FL	City & State: HALLANDALE FL
Zip: 33009 Country: USA	Zip: 33009 Country: USA

REINSTATEMENT 2003

4. Date Incorporated or Qualified To Do Business in Florida: 10/27/02

5. FEI Number: 04-3720649 ☐ 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: STEPHEN T. BODNAR
11/25/03--01059--008 **750.00
900025046539
11/25/03--01059--008 **750.00

Street Address (P.O. Box Number is Not Acceptable): 5110 S.W. 89TH TERRACE

Suite, Apt. #, Etc.:

City: COOPER CITY State: FL Zip Code: 33328

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: Stephen T Bodnar Date: 11/20/03
REGISTERED AGENT MUST SIGN

CR2E381 (10/02)

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
P	CHRISTOPHER CAVALLO	1835 HALLANDALE BCH BLVD #161	HALLANDALE BEACH FL 33009
V	STEPHEN BODNAR	5110 S.W. 89TH TERR	COOPER CITY, FL 33328

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)(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: Chris Cavallo CHRIS CAVALLO 11/20/03 954-650-9288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #