


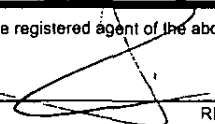
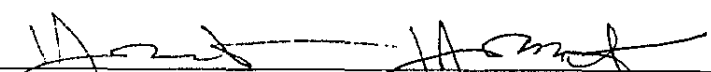
FILED

09 MAR 19 AM 7:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/08)

05-09

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS W09000009288		FILED 09 MAR 19 AM 7:22 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>P04 0000 53563</u>					
1. Corporation Name <u>ADAR MEDICAL CORPORATION</u> <u>20800 NE 32 PLACE</u> <u>AVENTURA, FL 33180</u>					
2. Principal Office Address - No P.O. Box # <u>20800 NE 32 PLACE</u> <small>Suite, Apt. #, etc.</small>			3. Mailing Office Address <u>20800 NE 32 PLACE</u> <small>Suite, Apt. #, etc.</small>		
City & State <u>AVENTURA, FL</u>		City & State <u>AVENTURA, FL</u>		4. Date Incorporated or Qualified To Do Business in Florida <u>03/26/2004</u>	
Zip <u>33180</u>	Country <u>USA</u>	Zip <u>33180</u>	Country <u>USA</u>	5. FEI Number <u>50-2453651</u> <small>Applied For Not Applicable</small>	
7. Name and Address of Current Registered Agent				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Name <u>LIMA, RIOS & MARRERO, P.A.</u>				<input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
Street Address (P.O. Box Number is Not Acceptable) <u>8360 W. FLAGLER STREET</u>					
Suite, Apt. #, Etc. <u>SUITE 200</u>					
City <u>MIAMI</u>		State <u>FL</u>	Zip Code <u>33144</u>		
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 <u>02/13/2009</u>	
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	
<u>P/D</u>	<u>NUCHI, YENI</u>	<u>20800 NE 32 PLACE</u>		<u>AVENTURA, FL 33180</u>	
REINSTATEMENT					
RH					
02/24/09 - 01012 - 028 **750.00					
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: 				Date <u>02/13/2009</u> Daytime Phone # <u>(305) 554-7229</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					