

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

98 JUL 21 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA5000026772

1. Corporation Name

M Rad, Inc.

Principal Place of Business

Mailing Address

1681 N.W. 93rd Avenue
Plantation, FLORIDA 33322

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/30/95

FED NUMBER

65-0625269

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
	<u>Co/Prs Gary Zeik</u>	<u>1681 N.W. 93rd Avenue</u>	<u>Plantation, FL 33322</u>
	<u>Co/Prs Deborah E. Dieckmann</u>	<u>1681 N.W. 93rd Avenue</u>	<u>Plantation, FL 33322</u>

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Gary Zeik
1681 N.W. 93rd Avenue
Plantation, Florida 33322

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of
Registered Agent

Gary Zeik

REGISTERED AGENT MUST SIGN

Date 7/17/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary Zeik
Gary Zeik

Date

Daytime Phone #

7/17/98 (954) 472-2454



Resubmit

2

ACCOUNT NO. : 072100000032

REFERENCE : 896673 7159879

AUTHORIZATION : Patricia Pizant

COST LIMIT : \$ 1,050

ORDER DATE : July 20, 1998

ORDER TIME : 10:40 AM

ORDER NO. : 896673-005

CUSTOMER NO: 7159879

CUSTOMER: Mr. Gary A. Zeik
M Rad, Inc.
1681 N.w. 93rd Ave.

Fort Lauderdale, FL 33322

DOMESTIC FILINGS

NAME: M RAD, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Robert Turner

EXAMINER'S INITIALS _____

DIVISION OF CORPORATION

98 JUL 21 AM 8:47

DIVISION OF CORPORATION

98 JUL 20 AM 11:20