

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**  
**1996 NOV 25 PM 3:19**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # P95000072016**

1. Corporation Name **RADSTAR, INC.**

Principal Place of Business Mailing Address  
**240 North Washington Boulevard 240 North Washington Boulevard**  
**Suite 300 Suite 300**  
**Sarasota, Florida 34236-5929 Sarasota, Florida 34236-5929**

**REINSTATEMENT**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

**18 September 1995**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

**65-0609243**

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$6 Fee

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
<b>PTD</b>	<b>Michael D. McCorkle</b>	<b>240 North Washington Boulevard Suite 300</b>	<b>Sarasota, Florida 34236-5929</b>
<b>VSD</b>	<b>Beth Ann McCorkle</b>	<b>240 North Washington Boulevard Suite 300</b>	<b>Sarasota, Florida 34236-5929</b>

**800002014588--6**  
**-11/26/96-01112-012**  
**\*\*\*\*375.00 \*\*\*\*375.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**THE LAW FIRM OF LAWRENCE J. SPIEGEL,  
CHARTERED DOING BUSINESS AS AMERILAWYER  
343 Almeria Avenue  
Coral Gables, Florida 33134**

Name

**AMERILAWYER CHARTERED**

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

**343 Almeria Avenue**

Suite, Apt. #, Etc.

City

**Coral Gables**

State

Zip Code

**FL**

**33134**

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

**AMERILAWYER CHARTERED**

**Nathaniel Furman, Vice President** SIGN

Date **22 November 1996**

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

**Beth Ann McCorkle**  
**Beth Ann McCorkle, Vice President**

Date **22 November 1996**

Daytime Phone #

CR2040 (12/95)