

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

NOT RECORDED
FILED

03 AUG 13 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT **02-03**

DOCUMENT # P 96000031631

1. Corporation Name

RADA-MAR CORPORATION

2. Principal Office Address

284 RADA COURT

3. Mailing Office Address

284 RADA COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Gables FL

City & State

Coral Gables, FL

Zip

33143

Country

USA

Zip

33143

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4-11-96

5. FEI Number

650716007

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

Norman Kronacher

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

284 RADA COURT

Suite, Apt. #

City

CORAL GABLES

State
FL

Zip Code

33143

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

Norman Kronacher
REGISTERED AGENT MUST SIGN

Date

August 6, 2003

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
Dir	Norman Kronacher	284 Rada Court	Coral Gables, FL 33143
Dir	LEA KRONACHER	284 Rada Court	Coral Gables FL 33143
Dir	DEAN KRONACHER	284 Rada Court	Coral Gables FL 33143

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: *x*

Norman Kronacher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8.6.03

3056632554
Date Daytime Phone #

CR2E081 (10/02)

282

Norman Kronacher
284 Rada Court
Coral Gables, Florida 33143

August 6, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

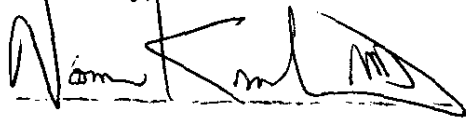
Re: — RADA-MAR CORPORATION—
CORPORATE REINSTATEMENT

Dear Sir:

I recently learned that my corporation was dissolved by the State for failure to file an annual report. The lawyer who formed the corporation for me, and who was the registered agent for the corporation, suffered legal problems and is no longer practicing law. Moreover, his files are not available although I have attempted to retrieve my documents. The annual filings were his responsibility and he did not inform me that he had failed to make the required filings.

Because the failure to file was not the fault of either me or the corporation, I request a waiver of the \$900 reinstatement fee. I am enclosing my check in the amount of \$308.75 together with a Corporate Reinstatement Form. I trust this will be sufficient to reinstate the corporation and have a Certificate of Status issued. I thank you for your consideration.

Yours truly,



Norman Kronacher

encls.