


# 2004 AR

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION</b>				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>pa7000065292</u>					
1. Corporation Name <u>Joiner Radiation Coverage P.A.</u>					
2. Principal Office Address <u>2200 West 1<sup>st</sup> ST</u> Suite, Apt. #, etc. <u>↑ new address</u>			3. Mailing Office Address <u>2200 West 1<sup>st</sup> ST</u> Suite, Apt. #, etc.		
City & State <u>Sanford, FL</u> Zip <u>32771</u> Country <u>Seminole</u>			City & State <u>Sanford, FL</u> Zip <u>32771</u> Country <u>Seminole</u>		
4. Date Incorporated or Qualified To Do Business in Florida <u>7-29-1997</u>			5. FEI Number <u>59-3461015</u>		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>			Applied For <input type="checkbox"/> Not Applicable \$8.75 Additional Fee required for a Certificate of Status		

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUL 16 AM 8:00

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MRS

7. Name and Address of Current Registered Agent		
Name <u>Robert C. Wilkins, JR</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>230 Lookout Place</u>		
Suite, Apt. #, Etc.		
City <u>Maitland</u>	State <u>FL</u>	Zip Code <u>32751</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 No Change Date 7-12-04  
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
Presi	D. Wayne Joiner	1117 Montcalm St	Orlando, FL 32806
Sec/Treas	D. Wayne Joiner	1117 Montcalm St	Orlando, FL 32806

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: D. Wayne Joiner Pres. Date 7-12-04 Daytime Phone # 407-853-5797  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)