
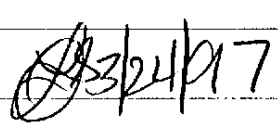


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 MAR 24 AM 10:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA 100002124441--2 -03/26/97--01047--012 ****915.00 ****915.00	
APPLICATION FOR REINSTATEMENT		DOCUMENT # P25107 1. Corporation Name THE RADER INSTITUTE			
Principal Place of Business 1950 Sawtelle Boulevard, Suite #280 Los Angeles, California 90025		Mailing Address 1950 Sawtelle Boulevard, Suite #280 Los Angeles, California 90025			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 10/2/84	
				5. FEI Number 95-3941136	
				Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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		
Pres.	William C. Rader, MD	1950 Sawtelle Blvd. #280	Los Angeles, CA 90025		
C.E.O.	Jonathan Rader, Ph.D.	1950 Sawtelle Blvd. #280	Los Angeles, CA 90025		
C.F.O.	Jay Kapitz	1950 Sawtelle Blvd. #280	Los Angeles, CA 90025		
					
8. Name and Address of Current Registered Agent Jean E. Rappoli 20968 Olivo Way Boca Raton, Florida 33433			9. Name and Address of New Registered Agent Name Carolann Duncan Street Address (P.O. Box Number is Not Acceptable) State Road 54 Suite, Apt. #, Etc. City Lutz State FL Zip Code 33549		
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: <i>Carolann Duncan MS</i> Date: 12-27-96 REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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: *Jonathan Rader, Ph.D.* 1/6/97 1/6/97

CP2E040 (12/95)