

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 20 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000005382

1. Corporation Name

AMERICAN PROLOGIC, INC.

Principal Place of Business

Mailing Address

13331 S.W. 135TH AVENUE
MIAMI FL 33185

13331 S.W. 135TH AVENUE
MIAMI FL 33185



REINSTATEMENT 03

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

4. Date Incorporated or Qualified To Do Business in Florida

10/25/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

22-3681675

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	LUIZ ALBERTO DE CASTRO TITO	RUA ALBERT SCHARLET 200-AP 704	BELO HORIZONTE-MINAS GERIAS
DS	JOSE EDUARDO CANCADO RAMOS	RUA ENGENHEIRO CARLOS ANTONINI 5	SAO LUCAS-BELO HORIZONTE-MIN
M	JOSE LUIZ DIOGO	15591 S.W. 105 Terrace	MIAMI, FLORIDA 33196

500024889435
11/20/03--01063--003 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOSE LUIZ DIOGO
15591 S.W. 105TH TERRACE
MIAMI FL 33196

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. or 617.0505, F.S.

Signature of Registered Agent

Jose Luiz Diogo

REGISTERED AGENT MUST SIGN

Date 11/12/2003

11. 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:

Jose Luiz Diogo

Jose Luiz Diogo

11/12/2003

305-259-9191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED40 (7/03)