

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 95000051891

1. Corporation Name

PROLABEL, INC

2. Principal Office Address

3361 NW 168<sup>th</sup> ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33056

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified To Do Business in Florida

7/95

5. FEI Number

65-0592482

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

RAMON FERNANDEZ

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

3361 NW 168<sup>th</sup> ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33056

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 3-5-03

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
<u>PVP ST</u>	<u>RAMON J FERNANDEZ</u>	<u>3361 NW 168<sup>th</sup> ST</u>	<u>MIAMI, FL 33056</u>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

Date

3-5-03

Daytime Phone #

305-620-2202

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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