

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 JUL 18 AM 10:29

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000086138**

1. Corporation Name
PRIME-TECH INTERNATIONAL, INC.

Principal Place of Business Mailing Address
 139 N.W. 72ND AVENUE 139 N.W. 72ND AVENUE
 PLANTATION FL 33317 PLANTATION FL 33317

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

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



REINSTATEMENT 00-02

4. Date Incorporated or Qualified To Do Business in Florida **10/06/1997**

5. FEI Number **65-0793401** Applied For Not Applicable

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
PSTD	BRIXEN, HENRIK	3200 S ANDREWS AVENUE STE 204	FORT LAUDERDALE FL 33316
PSTD	BRIXEN, HENRIK	139 NW 72 ND AVE	PLANTATION, FL, 33317
			000006629240--0 -07/25/02--01002--004 ***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

BRIXEN, HENRIK
 3200 S ANDREWS AVENUE
 SUITE 204
 FORT LAUDERDALE FL 33316

9. Name and Address of New Registered Agent

Name **HENRIK-BRIXEN**
 Street Address (P.O. Box Number is Not Acceptable) **139 NW 72ND AVE**
 Suite, Apt. #, Etc.
 City **PLANTATION** State **FL** Zip Code **33317**

CR2E040 (8/00)

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 *[Signature]* REGISTERED AGENT MUST SIGN Date 8 July 2002

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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 8 July 2002 Daytime Phone # 954 791 6625