

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

13331 S.W. 135TH AVENUE
MIAMI FL 33185

Mailing Address

13331 S.W. 135TH AVENUE
MIAMI FL 33185

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 Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/25/2002

5. FEI Number

22-3681675

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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

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

9. Name and Address of New Registered Agent

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/2003

Date

305-259-9191

Daytime Phone #

CR2E040 (7/03)