

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

2003 NOV 20 PM 1:23

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000021182

Name and Mailing Address

0004938 01 AT 0.292 **AUTO TO 0 0615 33028-251054

IMAGEN POSITIVA LABORATORIOS, L.L.C.
12954 NW 18TH COURT
PEMBROKE PINES FL 33028-2510

200021876582
11/20/03--01025--022 **155.00



2. New Mailing Address <i>4811 NW 167th street</i>		4. State/Country of Formation FL	
City, State, Zip <i>Miami FL 33055</i>		5. Date Organized or Qualified To Do Business in Florida 08/19/2002	
Principal Place of Business 12954 NW 18TH COURT PEMBROKE PINES FL 33028	3. New Principal Place of Business Address <i>4811 NW 167th street</i>	6. FEI Number <i>02-0639625</i>	Applied For Not Applicable
	City, State, Zip <i>Miami FL 33055</i>	7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent QUINONES, ALICIA 12954 NW 18TH COURT PEMBROKE PINES FL 33028		9. Name and Address of New Registered Agent Name <i>Jose Ricardo Hidalgo Acero</i> Street Address (P.O. Box Number is Not acceptable) <i>4811 NW 167 street</i> City <i>Miami</i> FL Zip Code <i>33055</i>	
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <i>[Signature]</i> SIGNATURE REQUIRED Date <i>11-17-03</i> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	HIDALGO ACERO, JOSE RICARDO	CARRERA 12 NO 6407 LOCAL 177 <i>12954 W 18th ct.</i>	BOGOTA D.C. COLOMBIA S.A. <i>Pembroke Pines FL 33028</i>
			REINSTATEMENT <i>2003</i>

12. I certify that I am managing member/manager, receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the cause for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of Managing Member/Manager *[Signature]* **SIGNATURE REQUIRED** Date *11-17-03* Daytime Phone *(305) 625-2379*

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)