

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 OCT 26 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L58866

1. Corporation Name

Prochem of America, Inc.

Principal Place of Business

Mailing Address

3300 University Dr.
Suite 305
Coral Springs, FL 33065

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 92-98

2. New Principal Office Address, If Applicable

3300 University Dr

3. New Mailing Office Address, If Applicable

3300 University Dr

4. Date Incorporated or Qualified To Do Business in Florida

3-21-1990

Suite, Apt. #, etc.

Suite 305

Suite, Apt. #, etc.

Suite 305

5. FEI Number

65-0184675

Applied For

Not Applicable

City & State

Coral Springs, FL

City & State

Coral Springs, FL

Zip

33065

Country

USA

Zip

33065

Country

USA

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/T/S	Rolf R. Bosshardt	2, Rue Amore Labande	Monaco MC 98000 Monaco

100002676781--3
-10/30/98--01055--015
***1650.00 ***1650.00

8. Name and Address of Current Registered Agent

Alvin H. Rosenthal
3300 University Dr
Suite 305
Coral Springs, FL 33065

9. Name and Address of New Registered Agent

Name
Alvin H. Rosenthal
Street Address (P.O. Box Number is Not Acceptable)
3300 University Dr.
Suite, Apt. #, Etc.
Suite 305
City
Coral Springs State
FL Zip Code
33065

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

Alvin H. Rosenthal

REGISTERED AGENT MUST SIGN

Date

10/23/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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)(l), 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:

R. Bosshardt

Rolf R. Bosshardt

10-15-98

(954) 752-4033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (1/98)