PLEASE READ	ALL INSTRUCT	IONS BEFORE (	COMPLETING THIS FORM.
APPLICATION APPLICATION		RTMENT OF STATE	٦
FOR	81	B. Mortham	
REINSTATEMENT	,	ary of State - conporations	FILED
DOCUMENT # 1 600 lolo			*
1. Corporation Name			98 OCT 26 PM 3: 26
Prochem of America, Inc.			CEOPETARY OF STATE.
TROCHEM OF MEETER, INC.			SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business Mailing Address			
3300 University Dr.			
Suite 305			
to a C Spaings, FL 33061  If above addresses are incorrect in any way, line through incorrect information and enter correction below.			REINSTATEMENT92-98
2. New Principal Office Address, If Applicable 3300   MNIVERSILY DR 3300 University DR			4. Date Incorporated or Qualified 70 Do Business in Florida ? -21 - 1990
Suite, Apt, #, etc.	Suite, Apt. #, etc.		
Suite 303 Suite 300 City & State Coscol Springs, FL Coscol Springs, F		_ <del></del> -···	65-0184675 Applied For Not Applicable
Zin 33065 Country u SA	Zip?3365	Country	6. CERTIFICATE OF STATUS DESIRED   S8.75 Additional Fee regulied for a Certificate of Status
7. Names and Street Addresses of Each Officer and		fit comprations must list at lea	Total Cartanicale of Status
Name of Officers and/or Directors		Street Address of Each Officer and/or Director	
1 2 3 (Do NOT Use Post			tumbers) 4
P/T/S Rolf R. Bosshardt 2. Rue Hmone Labande Monaco			
			1,00000000001001
		<u>,                                      </u>	
			***1650.00 ***1650.00
ľ			
No.			9. Name and Address of New Registered Agent
Aldn H. Rosenthal		Alan H	Rosenthae
33/00 University Dr		3300 No	O. Box Number is Not Acceptable)
suite 305	_	Suite, Apt. #, Etc.	305
Conae Springs, FL	33062	Cora (	Speing FL 33065
10. I, being appointed the registered agent of the shove named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.			
Signature of Registered Agent			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.  Yes V No V (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 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: ROUTE AND TYPED OR PRIN		R. BOSSHARA	At 10-15-98 (954) 752-40 (3