PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FEEASE READ	ALL INSTRUCTIONS BEFORE	ONIFERING THIS FORM.
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	APPROVIL AND FILED
		03 MAY -8 AM 9: 06
DOCUMENT # P01000 120 480 1. Corporation Name Prototech Egimeering INC.		SECRETARY OF STATE TALLAHASSEE, FLORIDA
	ASP	DEIDIOTATERIERITAS A
2. Principal Office Address	2 Mallion Office Address	REINSTATEMENT 02-0.
•	3. Mailing Office Address	500018568275
145455 M1/1 ta Ry TR Suite, Apt. #, etc.	14545J Militay TR. Suite, Apt. #, etc.	05/08/0301065007 **900.00 -
# 303	#303	4. Date Incorporated or Qualified /
City & State	City & State	To Do Business in Florida 12/21/2081
-	Delegy Beach FL	5. FEI Number Applied For 26-0002/23 Not Applicable
DelRock Reach FL Zip / Country	Delkay Beach FL Zip Country	6.
33484 USA	33484 USA	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name Richard M. ARNOld		
Street Address (P.O. Box Number is Not Acceptable) 12.12 SW 14.5+		
Suite, Apt. #, Etc.		
City State Zip Code		
Boca Rai	Pon	FL 33486
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.		
Signature of Registered Agent Agent Date 04/28/03 REGISTERED AGENT MUST SIGN		
	I/or Director (Florida nonprofit corporations must list at le	aget 3 dispetare)
Name of	Street Address of Each	h
Titles Officers and/or Directors	Officer and/or Directo	
P Richard M.	Aprod 1212 SW 14	the St Boca Ration FL 33486
10. 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: O4/28/2003		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		