

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PS 1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 23 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD2000076893

1. Corporation Name

Neoprana Technologies Corp.
780 NW 42 AVE Ste 516
Miami, FL 33126

2. Principal Office Address

780 NW 42 AVE

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Ste 516

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33126

Country

U.S.

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

43-1969540

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04 WOP

7. Name and Address of Current Registered Agent

Name

Aurelio A. Piedra, CPA

Street Address (P.O. Box Number is Not Acceptable)

780 NW 42 AVE STE 516

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33126

200039695632
07/29/04--01045--002 **308.75

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

Date 6-28-04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Daniel F. Zambrano	780 NW 42 AVE STE 516	Miami, FL 33126
D	Antonio Batista	Same	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/28/04

Daytime Phone #

305-443-7122

CR2E081 (9/01)

VARGAS, PIEDRA & CO.
CERTIFIED PUBLIC ACCOUNTANTS

MEMBERS
AMERICAN AND FLORIDA
INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

SUITE 516
LE JEUNE CENTRE
780 N.W. LE JEUNE ROAD
MIAMI, FLORIDA 33126
TELEPHONE
(305) 443-7122

June 21, 2004

Division of Corporation
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Neoprana Technologies, Corp,

Enclosed you shall find a check in the amount of \$308.75 for the Uniform Business Report for the above mentioned company. As per our telephone conversation please make a note that the owner of this company is a foreigner who lives in Caracas, Venezuela and was never notified.

Please abate the penalties and update your records accordingly. If you should have any questions do not hesitate to contact me at your earliest convenience.

Sincerely,


Aurelio A. Piedra, CPA

AAP/dci

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