

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000108198

1. Corporation Name

American Gentech Plus, Inc

13935 NW 1st Ave
13935 NW 1st Ave

2. Principal Office Address

13935 NW 1st Ave

3. Mailing Office Address

13935 NW 1st Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33168

Country

US

Zip

33168

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida** 10/07/02

5. FEI Number
562295696

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
PBA Financial Services Corp

Street Address (P.O. Box Number is Not Acceptable)
13935 NW 1st Ave

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33168

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

6/7/04

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
P	Emilio Perez	4368 Sw 10th St	Miami, FL 33134
VP	Odalys Perez	4368 SW 10th St	Miami, FL 33134

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

06/07/04

Date

305-688-9694

Daytime Phone #

FILED
04 JUN 10 AM 9:29
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

REINSTATEMENT 03-04

CR2E081 (01/04)

June 8th, 2004

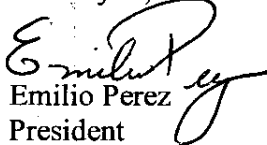
State of Florida Div of Corp
Po Box 6327
Tallahassee, Fl. 32314

RE: American Gentech Plus, Inc
P02000108198

To whom it may concern:

We tried to renew our occupational license and the county informed us that the Corporation is dissolved.. We never received the renewal form for the above corporation. Enclosed please find a check for \$300.00 for the renewal fees for two years and also a reinstatement form.
Please update your records accordingly.

Thank you,


Emilio Perez
President