PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

ACCEPTED AND FILED
1997 NOV -7 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000043086**

1. Corporation Name
PROTECS SYRINGES INTERNATIONAL CORPORATION

Principal Place of Business	Mailing Address
8780 SW 92ND STREET SUITE 208-B MIAMI FL 33176 US	8780 SW 92ND STREET SUITE 208-B MIAMI FL 33176 US

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business In Florida: 06/14/1993

5. FEI Number: 65-0420167 ☐ Applied For ☐ Not Applicable

6. 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
~~PD~~	~~DE LA FUENTE, RICARDO L~~	~~2415 GRANDA BLVD.~~	~~CORAL GABLES FL 33134~~
~~VPS~~	~~GONZALEZ, RICARDO C~~	~~8852 S.W. 59 STREET~~	~~MIAMI FL~~
C/P/D	Fuente, Ricardo L. de la	2415 Granada Blvd.	Coral Gables, FL 33134-5535
V/T/D	Gonzalez, Ricardo C.	8852 SW. 59 Street	Miami, FL 33173
S/D	Fuente, Francisco de la	2415 Granada Blvd.	Coral Gables, FL 33134-5555
D	Lopez, II., Camilo	1790 S.W. 1 Avenue	Miami, FL 33129-1130
D	Mazer, Robert	9321 SW. 102 St.	Miami, FL 33176

8. Name and Address of Current Registered Agent

DE LA FUENTE, RICARDO L.
8780 SW 92ND ST, STE 208-13
MIAMI FL 33176

9. Name and Address of New Registered Agent

Name: **REINSTATEMENT**
Street Address (P.O. Box Number is Not Acceptable):
Suite, Apt. #, Etc.: STE 208-B
City: MIAMI State: FL Zip Code: 33176

000023414988--5
-11712/97--01009--017
****750.00 ****750.00

CR2E040 (8/97)

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: [signature] Date: November 04, 1997
REGISTERED AGENT MUST SIGN

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 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] November 04, 1997 305-443-0391
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #