

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 NOV 27 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000104081 1. Entity Name METALOGENIA NORTH AMERICA CORPORATION					
Principal Place of Business 450 N SAM HOUSTON PKWY E 236 HOUSTON, TX 77060 US			Mailing Address 450 N SAM HOUSTON PKWY E 236 HOUSTON, TX 77060 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0966759	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CAMP, J. 111 SOUTHEAST 12TH ST FORT LAUDERDALE, FL 33316-1813				7. Name and Address of New Registered Agent Name Corporate Creations Network Inc. Street Address (P.O. Box Number is Not Acceptable) 11330 Prosperity Farms Rd. #221E Palm Beach Gardens FL 33410	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Maria Areiza</i></u> <small>Signature, typed or printed name of registered agent and title (if applicable)</small>			Maria Areiza Assistant VP Corporate Creations <small>(NOTE: Registered Agent signature required when reinstatement)</small>		
DATE 11/22/06 <small>DATE</small>			FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE VP NAME RODRIGUEZ, TEDDORE STREET ADDRESS C NACIONAL LL, KM 636.6 CITY-ST-ZIP PREMIA DE MAR, SP 08330	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 500082329235 12/06/06--01058--016 **750.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 500082329235 12/06/06--01058--017 **8.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>TEODORO RODRIGUEZ</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			TEODORO RODRIGUEZ Date 2006-10-06 <small>Daytime Phone #</small>		

K. Eckel NOV 27 2006