CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 MAR 27 PM 2:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P11000097219

CR2E081 (11/10)

1. Corporation Name
Additives International, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
115 Albatross St.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Myers Beach, FL	City & State
Zip: 33931 Country: US	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/15/2011

5. FEI Number: 45-3739322 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: John A. Gribble
Street Address (P.O. Box Number is Not Acceptable): 115 Albatross St.
Suite, Apt. #, Etc.:
City: Fort Myers Beach State: FL Zip Code: 33931

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03/17/15--01036--009 **300.00

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: John A. Gribble — REGISTERED AGENT MUST SIGN Date: 3-26-15

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
PS	John A. Gribble	115 Albatross St.	Fort Myers Beach, FL 33931
	MAR 31 2015	REINSTATEMENT	
	L. SELLERS		2014-2015

10. E-mail Address: jmhartmanncpa@gmail.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: John A. Gribble — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 3/13/15 — Daytime Phone #: 815-954-5646