

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

AND
FILED

**CORPORATION
REINSTATEMENT**



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

00 APR 25 AM 7:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **796000016591**

1. Corporation Name

ADRIATIC US CORP.

W-9968

2. Principal Office Address

1110 Brickell Ave #406

Suite, Apt. #, etc.

Suite 406

City & State

Miami, Fl

Zip

33131

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Same

City & State

Same

Zip

Same

Country

Same

4. Date Incorporated or Qualified
To Do Business in Florida

2/19/96

5. FEI Number

65-0651567

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Reinstatement 98-00

7. Name and Address of Current Registered Agent

Name

Bozidar Maslov

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

1610 Lenox Ave suite 401

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33139

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*****1050.00 ***1050.00**

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

REGISTERED AGENT MUST SIGN

Date **04/07/2000**

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
CEO	Bozidar Maslov	1610 Lenox Ave suite 401	Miami Beach, Fl 33139
CFO	Carlos Salcines	8370 W Flagler St #248	Miami, Fl 33144

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: **BOZIDAR MASLOV**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/00

Date

305-358 2494

Daytime Phone #

CR2E081 (9/99)