

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 26 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000067988

1. Corporation Name ADI COSMETICS, INC

600023577176
10/06/03--01018--004 **300.00

2. Principal Office Address
18151 NE 31 COURT

3. Mailing Office Address

Suite, Apt. #, etc.
SUITE 804

Suite, Apt. #, etc.

City & State
AVENTURA

City & State

Zip 33160 Country USA

Zip Country

REINSTATEMENT 02-07

4. Date Incorporated or Qualified
To Do Business in Florida 7.17.2000

5. FEI Number
651026665

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 JOSEF GLASER

Street Address (P.O. Box Number is Not Acceptable)
18151 NE 31 COURT

Suite, Apt. #, Etc. SUITE 804

City AVENTURA

State FL Zip Code 33160

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 X [Signature]
REGISTERED AGENT MUST SIGN

Date 9.25.03

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
<u>D</u>	<u>JOSEF GLASER</u>	<u>18151 NE 31 COURT # 804 AVENTURA FL 33160</u>	<u>AVENTURA FL 33160</u>

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: X [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9.25.03
Date

305.773.3325
Daytime Phone #

CR2E081 (10/02)

9/26

Thursday, September 25, 2003

Florida Department of State
Reinstatement Dept.

Dear sir or Madam,

Due to a change of address of our Registered Agent, we did not get in time the corporation renewal papers. Beside that our firm has not had business the last to year because of general economic situation. Therefore enclosed we are sending a check on the amount of \$ 300.00 for reinstatement and asking you to consider waive the penalties, *This for 2002+2003.*

Sincerely,

A handwritten signature in black ink, appearing to read 'Josef Glaser', written in a cursive style.

Josef Glaser
ADI Cosmetic, Inc
Director