

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 16 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000009824880
01/06/03--01001--020 **750.00

DOCUMENT # P01000015785

1. Corporation Name

ADHESIVE INTERNATIONAL, INC.

2. Principal Office Address

9227 SW, 8th TERRACE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33174

Country

U.S.A.

3. Mailing Office Address

9227 SW, 8th TERRACE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33174

Country

U.S.A.

REINSTATEMENT 02

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

5. FEI Number

65-1094062

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

DALMIRO GORMEZ

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

9227 SW, 8TH TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code
33174

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

12-11-2002

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
P	GOMEZ, DALMIRO	9227 SW, 8th TERRACE	MIAMI, FLORIDA 33174
VP	GOMEZ, HELEN	9227 SW, 8th TERRACE	MIAMI, FLORIDA 33174

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-11-2002

Date

Daytime Phone #

12/16