

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 16 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

USA

3. Mailing Office Address

9227 SW 8TH TERRACE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33174

Country

USA

**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

900024215899
10/28/03--01073--006 **150.00

7. Name and Address of Current Registered Agent

Name

DALMIRO GOMEZ

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

Date

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, FL 33174
VP	GOMEZ, HELEN	9227 SW 8TH TERRACE	MIAMI, FL 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

10/15/2003 305-513-0037

Date

Daytime Phone #

CR2E081 (10/02)

ADHESIVE INTERNATIONAL, INC.

9227 SW 8TH TERRACE * MIAMI, FL 33174
TELEPHONE (305) 513-0037 / FAX (305) 513-4718

October 14, 2003

Secretary of State
Florida Department of State
Division of Corporations

Ref: Adhesive Int'l, Inc. formal request for reinstatement

Dear Secretary of State:

My letter concern is to request formally your assistance with the reinstatement of my company Adhesive Int'l, Inc., For some reason we are not receiving the UBR Form, in order to make the appropriate payment to the Department of State on time. As you may know prior to this year 2003, we paid the reinstatement for the same situation, we are not receiving this form and this cause the absence of our payment and create a situation where we don't want to be, we work very hard to keep our hope in our business, we are very responsible and dedicated family group, starting today I promise to take care personally of the corporate tax payment.

Thanks in advance for your help and support.

Sincerely,



DALMIRO GOMEZ
PRESIDENT
ADHESIVE INTERNATIONAL, INC.

Charter Number Only

VALIDATION ONLY

10/15/03

Fla. Corporate Wellness
Requestor's Name
16286 SW 95 4th Lane
Address
Miami, FL 33146
City State ZIP Phone
(305) 968-5913

CORPORATION(S) NAME

Adhesive International, Inc.
P01000015785

RECEIVED
03 OCT 15 AM 10:09
DIVISION OF CORPORATION

- | | | |
|---|--|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| | | <input type="checkbox"/> Mail Out |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier



Empire Toll Free: 1-800-432-3028