

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR 21 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000083263

1. Corporation Name

DARCHEM TIRE INDUSTRY PRODUCTS CORP

800033439468
04/21/04--01048--009 **600.00

2. Principal Office Address

3850 EXECUTIVE WAY

Suite, Apt. #, etc.

City & State

MIRAMAR FL

Zip

33025-3947

Country

USA

3. Mailing Office Address

3850 EXECUTIVE WAY

Suite, Apt. #, etc.

City & State

MIRAMAR FL

Zip

33025-3947

Country

USA

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

11/10/94

5. FEI Number 650535639

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

S. ZIMMERMAN

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

601 NE 26TH AVE

Suite, Apt. #, Etc.

POMPANO BEACH

City

POMPANO BEACH

State

FL

Zip Code

33062-4433

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

S. Zimmerman
REGISTERED AGENT MUST SIGN

Date

4/20/04

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
S	GUSMAO , RITA	3445 NW 94TH AVE	SUNRISE, FL 33351-6457

800033439468
04/21/04--01048--012 **8.75

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: RITA GUSMAO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/20/04

Daytime Phone #

954.442-6682

CR2E081 (10/02)