

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JUN 25 PM 5:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 9900087465

1. Corporation Name

Allied International, Inc.

2. Principal Office Address
1100 Gulf Blvd.

3. Mailing Office Address
11004

Suite, Apt. #, etc.
#1004

Suite, Apt. #, etc.
#1004

City & State
Treasure Island, FL

City & State
Treasure Island, FL

Zip Country
33706 U.S.

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33706 U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59-3628361

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
Gina L. Mascio

500004462075 --0

Street Address (P.O. Box Number is Not Acceptable)
1301 Sixth Avenue West

07/06/01 01041 022
***150.00 ***150.00

Suite, Apt. #, Etc.
Suite 600

City
Bradenton

State Zip Code
FL 34205

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

Gina L. Mascio

Date June 20, 2001

REGISTERED AGENT MUST SIGN

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	Joseph Guerrieri	1083 Rangeview Road	Mississauga, Ontario Canada L5E 1H2

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

JOE GUERRIERI

Date

JUNE 6/01

Daytime Phone #

1-800-387-2775

CR2E081 (8/00)