PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
'03 NOV 14 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000116367**

1. Corporation Name

FACEY COMMODITY COMPANY, INC.

REINSTATEMENT 03

Principal Place of Business	Mailing Address
2790 NW 104 CT #101 MIAMI FL 33172	2790 NW 104 CT #101 MIAMI FL 33172

600024713776
11/14/03 01024 015 **150.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: **10/29/2002**

5. FEI Number: 36-4511315 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SCOTT, PATRICK	2790 NW 104 CT #101	MIAMI FL 33172

8. Name and Address of Current Registered Agent

SCOTT, PATRICK
2790 NW 104 CT #101
MIAMI FL 33172

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (7/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: SIGN P. Scott Date: 11/07/03

REGISTERED AGENT MUST SIGN

11. 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: SIGN P. Scott 11/07/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FACEY COMMODITY COMPANY, INC.
2790 NW 104TH. COURT
MIAMI, FLORIDA 33172

11/07/03

Florida Department of State
Division of Corporations
P.O. Box 6327,
Tallahassee, Florida 32314

Re: P02000116367

Dear Sirs;

I did not receive the above filing notices and need to have the company reinstated to active status.

The fee of $150.00 is enclosed.(without penalty).

Thanks & Regards,

P. Scott.

Patrick Scott.