

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 MAY 12 AM 11:15

DOCUMENT # F03000002045

1. Corporation Name

C.S.B. COMMODITIES, INC.

2. Principal Office Address - No P.O. Box #
14000 Military Trail

3. Mailing Office Address
14000 Military Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

Delray Beach, FL

Zip

33444

Country

US

Zip

33444

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

04/23/2003

5. FEI Number

11-2456873

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

Robert Schmeizer

Street Address (P.O. Box Number is Not Acceptable)
14000 Military Trail

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33444

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 5/10/2010

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	Robert Schmeizer	14000 Military Trail	Delray Beach, FL 33444

10. E-mail Address: csbpres@csbcommodities.com

(To be used for future annual report notification)

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. I further certify, 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

5/10/2010 561-381-3383

Date

Daytime Phone #