

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 OCT 22 PH 4:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F93000000227

1. Corporation Name

IMPORT COMMODITY GROUP LTD., CORPORATION

Principal Place of Business

11800 NW 102ND STREET  
STE 1  
MEDLEY FL 33178

Mailing Address

131 EAST MERRICK RD  
VALLEY STREAM NY 11580  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/19/1993

5. FEI Number

11-2924251

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
CDP	VITERITTI, FRANK	133-17 96 STREET	OZONE PARK NY 11417
SD	WEINRAUCH, PETER	172 GORDON RD.	VALLEY STREAM NY 11580
TD	MISCHE, ALBERT	3256 OCEAN HARBOR DRIVE	OCEANSIDE NY 11572

880024013470  
10/22/03--01043--020 \*\*750.00

8. Name and Address of Current Registered Agent

HOUGH, ROBERT  
11800 NW 102ND STREET  
STE-1  
MEDLEY FL 33178

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

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

*Robert Hough* agent  
REGISTERED AGENT MUST SIGN

Date

10/15/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/15/03 (516) 561-9300

CR2040 (7/03)