

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
in Sm
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 25 AM 8:01

DOCUMENT # N01000003806

1. Corporation Name

COMMISSIONED INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

~~203 LAURENBURG LN
OC0EE FL 34761~~

~~203 LAURENBURG LN
OC0EE FL 34761~~



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

2. New Principal Office Address, If Applicable

1146 E. Plant Street
Suite, Apt. #, etc.
Winter Garden, FL
City & State

3. New Mailing Office Address, If Applicable

13949 Fox Glove St.
Suite, Apt. #, etc.
Winter Garden, FL
City & State

4. Date Incorporated or Qualified
To Do Business in Florida

06/01/2001

5. FEI Number

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	FWLER, JOSHUA	203 LAURENBURG LN 13949 Fox Glove St.	OC0EE FL 34761 Winter Garden, FL 34761
SD	FWLER, ASHLEY	203 LAURENBURG LN 13949 Fox Glove St.	OC0EE FL 34761 Winter Garden, FL 34761
VD	OLMEDO, DANA	114 ROCHSTER LOOP Bay Ct. 180 Mangrove Loop #101	DAVENPORT FL 33837 Ocoee, FL 34761

8. Name and Address of Current Registered Agent

FWLER, JOSHUA
203 LAURENBURG LN
OC0EE FL 34761

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

600008581386
10/25/02--01007--011 State# Zip Code
FL 34761

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/21/02

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-509-2235

CR2E040 (8/02)

2 ✓
October 21, 2002

Commissioned International
1146 East Plant Street
Winter Garden, FL 34787

Division of Corporations,
Annual Reports/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

Enclosed please find the form for reinstatement and filing fee in the amount of \$61.25. We failed to receive (and thus return) the previous forms and would request that you accept the updated form and filing fee without penalty.

Thank you for your time and assistance in this matter. Any help you are able to provide is greatly appreciated.

Best Regards,



Ashley Fowler
Secretary, Commissioned International