

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 25 AM 9:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000103187

1. Corporation Name

Commodity Investor's Group, Inc.

REINSTATEMENT 03-04

800030947138
03/23/04--01106--006 **300.00

2. Principal Office Address

901 S.W. Martin Downs Blvd.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SUITE 310

Suite, Apt. #, etc.

City & State

Palm City, Florida

City & State

Zip

34990

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

Nov. 2000.

5. FEI Number

65-1051873

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

Thomas J. Altieri

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

2663 S.W. Bear Paw Trail

Suite, Apt. #, Etc.

City

Palm City

State
FL

Zip Code

34990

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/19/04

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
President	Thomas J. Altieri	"Above"	

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/17/04

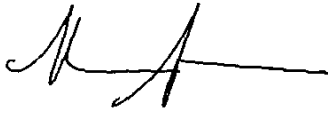
Daytime Phone #

CR2E081 (01/04)

3/19/04

Division of Corporations,

Please waive my reinstatement fee. On Sept. 2002, I moved my office to a new location. I never recieved my renewal notice. Enclosed are my payments for 2003 and 2004.

Thank You, 

Thomas J. Altieri
901 S.W. Martin Downs Blvd. Suite 310
Palm City, Florida 34990
