PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 25 AM 9:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000103187

**1.** Corporation Name
Commodity Investors Group, Inc.

**REINSTATEMENT** 03-04

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

**2.** Principal Office Address
901 S.W. Martin Downs Blvd.

Suite, Apt. #, etc.
SUITE 310

City & State
Palm City, Florida

Zip 34990 Country USA

**3.** Mailing Office Address
SAME

Suite, Apt. #, etc.

City & State

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

Home address →

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
REGISTERED AGENT MUST SIGN

Date 3/19/04

CR2E081 (01/04)

**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" | |
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**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/17/04

Daytime Phone #

3/19/04

Division of Corperations,

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