

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 13 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 03



900023767069  
10/14/03--01002--013 \*\*150.00

DOCUMENT # **P02000013716**

1. Corporation Name

**PREMIER COMMODITY TRADERS, INC.**

Principal Place of Business

Mailing Address

6221 WYNFIELD COURT  
ORLANDO FL 32819

6221 WYNFIELD COURT  
ORLANDO FL 32819

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

02/07/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

75-2995561

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PS	RUBIERA, EDUARDO J JR.	6221 WYNFIELD COURT	ORLANDO FL 32819
VT	RUBIERA, EDUARDO J	6221 WYNFIELD COURT	ORLANDO FL 32819

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RUBIERA, EDUARDO J JR.  
6144 ORANGE HILL CT.  
ORLANDO FL 32819

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

*Eduardo J Rubiera*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10/8/03

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:

*Glenda E. Hood*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/03

Date

407-909-9144

Daytime Phone #

CR2E040 (7/03)

**PREMIER COMMODITY  
TRADERS, INC.**

6221 WYNFIELD COURT  
ORLANDO, FLORIDA 32819  
U.S.A.

Telephone: 407-909-9144  
Fax: 407-909-0311  
EdRubiera.Premier@att.net

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October 8, 2003

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

Dear Sir or Madam:

We are in receipt of your Notice of Administrative Dissolution or Revocation for Premier Commodity Traders, Inc. We are enclosing the required Reinstatement form duly filled out and signed.

However, we have no record of having received the prior business report notices and therefore request that the reinstatement fee be waived.

We are enclosing a check for the \$150 filing fee.

Sincerely,



Eduardo J. Rubiera  
Vice President