

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000100403

1. Corporation Name

COMMERCE PARTNERS INC

Principal Place of Business

12703 HEADWATER CIRCLE
WELLINGTON FL 33414

Mailing Address

12703 HEADWATER CIRCLE
WELLINGTON FL 33414

REINSTATEMENT



000024866940

11/20/03--01002--012 **150.00

FILED
03 NOV 20 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03

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

09/16/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

04-3715086

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	KATZ, LLOYD	12703 HEADWATER CIRCLE	WELLINGTON FL 33414

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KATZ, LLOYD
12703 HEADWATER CIRCLE
WELLINGTON FL 33414

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 *Lloyd Katz* Date 11/11/03
REGISTERED AGENT MUST SIGN

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: *Lloyd Katz* 11/11/03 561-784-1170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)

COMMERCE PARTNERS INC
12703 HEADWATER CIRCLE
WELLINGTON, FL 33414

October 24, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314-6327

RE: Application For Reinstatement
P02000100403

Dear Sir/Madam:

We are submitting with this letter an Application For Reinstatement, and requesting a waiver of the reinstatement fee due to the corporation never receiving the prior UBR notices.

We are also enclosing the required fees in the amount of \$150.00.

Sincerely,



Lloyd Katz
President