

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

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



000024866940

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

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/16/2002

5. FEI Number

04-3715086

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	KATZ, LLOYD	12703 HEADWATER CIRCLE	WELLINGTON FL 33414

8. Name and Address of Current Registered Agent

KATZ, LLOYD  
12703 HEADWATER CIRCLE  
WELLINGTON FL 33414

9. Name and Address of New Registered Agent

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*

REGISTERED AGENT MUST SIGN

Date

11/11/03

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: *Lloyd Katz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/11/03 561-784-1170

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