

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000102270

Entity Name: COMMERCE CHEMICAL USA, INC.

FILED  
Oct 23, 2006  
Secretary of State

**Current Principal Place of Business:**

800 NE 195 ST  
MIAMI, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

800 NE 195 ST  
106  
MIAMI, FL 33179

**New Mailing Address:**

FEI Number: 38-3705098

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FILINGS, INC.  
3732 NW 16 ST  
FT LAUDERDALE, FL 33311 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NOT REQUIRED

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: CRESPO, FRANCISCO  
Address: 800 NE 195 ST APT 106  
City-St-Zip: MIAMI, FL 33179

Title: DV ( ) Delete  
Name: CRESPO, ANA BEATRIZ  
Address: 3370 NE 190 ST APT 1614  
City-St-Zip: AVENTURA, FL 33180

Title: S ( ) Delete  
Name: COHEN, VANESSA  
Address: 3370 NE 190 ST  
City-St-Zip: AVENTURA, FL 33180

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCISCO CRESPO

P

10/23/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date