

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 SEP 11 PM 12:50

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONSSECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000066387

1. Corporation Name

COMPUTER COMMODITY, INC.

400007733054--2  
-09/13/02--01044--021  
\*\*\*\*908.75 \*\*\*\*908.75

2. Principal Office Address

8030 LEITNER DR. E.

Suite, Apt. #, etc.

3. Mailing Office Address

8030 LEITNER DR. E.

Suite, Apt. #, etc.

City &amp; State

CORAL SPRINGS, FL

City &amp; State

CORAL SPRINGS, FL

Zip

33067

Country

USA

Zip

33067

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

9/20/93

5. FEI Number

650436795

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

Harold Weissman, Esq.

Street Address (P.O. Box Number is Not Acceptable)

1776 N. Pine Island Rd

Suite, Apt. #, Etc.

118

City

Plantation

State  
FL

Zip Code

33322

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

Date

9/3/02

REGISTERED AGENT MUST SIGN

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
P	MICHAEL JACOBSON	8030 LEITNER DR. E.	CORAL SPRINGS, FL 33067
D			

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

Daytime Phone #

8/28/02

954-344-1279

CR2501 (9/01)

9/9/02