

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN -2 PM 12:38

DOCUMENT # **P93000068465**

1. Corporation Name

COMMODITY ADVANTAGE INC.

2. Principal Office Address

P.O. BOX 560694

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33256

Country

DADE

3. Mailing Office Address

P.O. BOX 560964

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33256

Country

USA

REINSTATEMENT 99-01

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/1993

5. FEI Number

65-0443854

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$875 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Peter Lopez

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

7883 S.W. 161st Place

Suite, Apt. #, Etc.

MIAMI FL 33193

City

MIAMI FL

200004769452-4

-01/11/02-01048-027

*****1050.00 ***1050.00**

State

FL

Zip Code

33193

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

REGISTERED AGENT MUST SIGN

Date

12.28.01

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/D	Peter Lopez	7883 S.W. 161 st Place	MIAMI FL 33193
S/T	ANIKAS Lopez	7883 S.W. 161 Place	MIAMI FL 33193

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)(l), 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:

PETER A. LOPEZ
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12.28.01

Daytime Phone #

CR2E081 (9/98)