

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


02 NOV 14 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/14/02--01026--011 **1650.00

REINSTATEMENT 96-02

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>P95000028219</i>			
1. Corporation Name <i>Global Wheat & Commodities, Inc.</i>			
2. Principal Office Address <i>1152 GINGER CIRCLE</i>		3. Mailing Office Address <i>1152 GINGER CIRCLE</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>WESTON, FL</i>		City & State <i>WESTON, FL</i>	
Zip <i>33326</i>	Country <i>U.S.A #1</i>	Zip <i>33326</i>	Country <i>U.S.A #1</i>

4. Date Incorporated or Qualified To Do Business in Florida. <i>4/10/95</i>	
5. FEI Number <i>65-0571230</i>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name <i>MOE N. WASIF</i>		
Street Address (P.O. Box Number is Not Acceptable) <i>1152 GINGER CIRCLE</i>		
Suite, Apt. #, Etc.		
City <i>WESTON</i>	State FL	Zip Code <i>33326</i>

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

M. N. Wasif

REGISTERED AGENT MUST SIGN

Date *11/11/02*

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
PRESIDENT	M. WASIF	1152 GINGER CIRCLE	WESTON, FL 33326
VP	MARIA D. NIEVES/WASIF	"	" " "

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:

MOHAMMED N. WASIF *M. N. Wasif*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/11/02

Date

954-659-8580

Daytime Phone #

Check # 2428 11/12/02

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CR2E081 (9/01)