

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAR -5 PM 3: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000038457

1. Corporation Name

COMMODITY VALUES INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

4873 61ST CIRCLE
VERO BEACH FL 32966

4873 61ST CIRCLE
VERO BEACH FL 32966



REINSTATEMENT 98-01

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/15/1995

SP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0630155

Applied For

Not Applicable

City & State
Vero Beach, FL

City & State
Vero Beach, FL

Zip
32967

Country
USA

Zip
32967

Country
USA

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	PARR, GARY P	4873 61ST CIRCLE 4743 61ST CIR	VERO BEACH FL 32966 32967
			100003828941--8 -03/09/01--01116--018 ***1200.00 ***1200.00
			100003828941--8 -03/09/01--01116--019 *****12.00 *****8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PARR, GARY P
4873 61ST CIRCLE
VERO BEACH FL 32966

Name

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

4743 61ST CIR

Suite, Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32967

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.

Signature of
Registered Agent

GARY PARR
SIGNATURE REQUIRED

Date 3-2-01

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒ NONE OWED

(See other side for information
on intangible tax.)

12. 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:

GARY PARR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY P. PARR 3-2-01 561-562-0045

Date

Daytime Phone #

CR2E040 (9/98)