

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000062375

1. Corporation Name

THE COMMODITIES MARKET, INC.

Principal Place of Business

1106 NE 18 AVE  
FORT LAUDERDALE FL 33304  
US

Mailing Address

1106 NE 18TH AVE  
FORT LAUDERDALE FL 33304  
US

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

2. New Principal Office Address, If Applicable

1061 NE 43 STREET  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1061 NE 43 STREET  
Suite, Apt. #, etc.

City & State

OAKLAND PARK, FL

Zip

33334

Country

USA

City & State

OAKLAND PARK, FL

Zip

33334

Country

USA

REINSTATEMENT

48-909

4. Date Incorporated or Qualified  
To Do Business in Florida

08/11/1995

5. FEI Number

65-0608825

Applied For

Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	CORINNE S SLEMENDA	1209 NE 8RD STREET 280 SOUTH CYPRESS ROAD #12	FORT LAUDERDALE FL POMPANO BEACH, FL 33060
VSTD	FREDA E LOGAN	1209 NE 8RD STREET 280 SOUTH CYPRESS ROAD #12	FORT LAUDERDALE FL POMPANO BEACH, FL 33060
VD	CREIG E. RAMER	7205 NW 77 STREET	TAMARAC, FL 33321

200002905812--8  
-06/15/99--01107--008  
\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

LOGAN, FREDA E  
1106 NE 18TH AVE  
FORT LAUDERDALE FL 33304

9. Name and Address of New Registered Agent

Name

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

280 SOUTH CYPRESS ROAD

Suite, Apt. #, Etc.

# 12

City

POMPANO BEACH

State

FL

Zip Code

33060

TB

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

Freda E. Logan  
REGISTERED AGENT MUST SIGN

Date 6-3-99

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

Yes ☐ No ☒

(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:

Creig E. Ramer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/3/99 954-984-2453  
Date Telephone #

CR2E040 (9/98)