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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ATX1

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000016263

1. Corporation Name

ALL COMMODITIES CORP.

2. Principal Office Address	3. Mailing Office Address
7228 NW 56 ST	9755 NW 46 TER.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33166 Country:	Zip: 33178 Country:

0203

4. Date Incorporated or Qualified To Do Business in Florida: 2/18/98

5. FEI Number: 65-0817749 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: FERNANDO MIRANDA

Street Address (P.O. Box Number is Not Acceptable): 9755 NW 46 TER

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33178

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: 6/6/03

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 / Street / Zip
D	FERNANDO MIRANDA	9755 NW 46 TER	MIAMI, FL 33178

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.

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SIGNATURE: _____ 6/6/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations

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Division of Corporations
Fax Number : (850)205-0384

From:
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Account Number : I19980000015
Phone : (305)577-9716
Fax Number : (305)577-9718

CORPORATION REINSTATEMENT

ALL COMMODITIES CORP.

Certificate of Status	0
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Estimated Charge	$900.00