PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. OF STATE APPLICATION. FOR FILED REINSTATEMENT P98000081561 01 NOV -5 AM 10: 38 DOCUMENT # 1. Corporation Name SEGRETARY DE STATE TALLAHASSEE, FLORIDA COMMODITIES BROKERAGE SERVICES, INC. Principal Place of Business Mailing Address 8335 N.W. 8TH STREET 8335 N.W. 8TH STREET MIAMI FL 33126 MIAM! FL 33126 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable New Principal Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 09/21/1998 5. FEI Number Applied For 65-0871753 Not Applicable \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each City / State / Zip Title(s) and/or Directors Officer and/or Director D VIDAL, BERNARDO J 8335 N.W. 8TH STREET MIAMI FL 33126 VIDAL BENAND I 36 NE 1ST Saybold Blog MiAMI F1 33132 600004703666 -12/04/01--01029--006 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent VIDAL, BERNARDO J 8335 N.W. 8TH STREET #1 MIAMI FL 33126 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.

11. 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.

GENT MUST SIGN

REGISTERED

Signature of

Registered Agent

JRE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #

Date

CR2E040 (8/01)



2017

October 31, 2001

Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327the Tallahassee, FL 32314-6327

Re: Document #P98000081561

Dear Sirs:

I am writing this letter to you in hope that you will understand my particular situation. The business was relocated (36 N.E. 1street, Suite 803, Miami, Florida 33132) as specified on the enclosed form and I never received the renewal application. I am running a small business and am the sole person in charge of all matters and did not realize to call for the application. Fortunately, I received this Application for Reinstatement and then realized what had happened. I am not in the financial position to afford a \$550.00 penalty fee and would appreciate your consideration in waiving said fee due to the mishap. This is the first time I have failed to file on a timely basis and apologize.

Thank you in advance for your time and consideration.

Respectfully,

Bernard J. Vidal President