

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

*Page 1 of 2*

APPLICATION

FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P99000000652**

1. Corporation Name

**COMMODITY COMPLIANCE SERVICES, INC.**

Principal Place of Business

2634 SE 11 STREET  
POMPANO BEACH FL 33062

Mailing Address

2634 SE 11 STREET  
POMPANO BEACH FL 33062

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

01/04/1999

5. FEI Number

65-0884450

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ROGERS, DENNIS	2634 SE 11 STREET	POMPANO BEACH FL 33062

78

8. Name and Address of Current Registered Agent

BONNER, R L  
100 SE 2 STREET STE 3400  
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State <b>FL</b>	Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

*[Signature]*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

*10/23/02*

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.

SIGNATURE:

*[Signature]*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*10-22-02 954-821-8004*

CP2E040 (8/02)

*psylwz*

## COMMODITY COMPLIANCE SERVICES

2634 SE 11<sup>th</sup> Street  
Pompano Beach, Florida 33062

Phone 954-821-8004

November 21, 2002

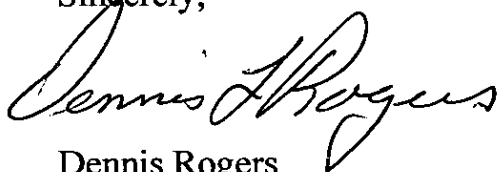
FLORIDA DEPARTMENT OF STATE  
Division of Corporation  
409 East Gaines Street  
Tallahassee, Florida 32399

To Whom It May Concern:

Please be advised that Commodity Compliance Services did not receive any notices for 2002 for filing its corporate annual report/Uniform Business report. Throughout 2002 the office address of 2634 SE 11<sup>th</sup> Street has been under construction. Please waive late filing fees in this matter as I made every effort to fulfill my obligations and I had no control over this. My filing fee of \$150.00 has been received and cashed by the Florida Department of State, Division of Corporations.

Thank you for your consideration.

Sincerely,



Dennis Rogers  
President  
Commodity Compliance Services