

READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN -5 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000004380

1. Corporation Name

EXECUTIVE COMMODITY, CORP.

2. Principal Office Address

1100 PARK CENTRAL BLVD S.

3. Mailing Office Address

1100 PARK CENTRAL BLVD S.

Suite, Apt. #, etc.

SUITE 3750

Suite, Apt. #, etc.

SUITE 3750

City & State

POMPANO BEACH, FL

City & State

POMPANO BEACH, FL

Zip

33064

Country

US

Zip

33064

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

1/14/99

5. FEI Number

65-0886593

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2000

7. Name and Address of Current Registered Agent

Name

STEVEN P. FISCHER

CPA

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

300 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

SUITE 110

City

PLANTATION

State

FL

Zip Code

33324

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

1/27/01

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 / State / Zip
D	DYM, MARK	1100 PARK CENTRAL BLVD S.	POMPANO BEACH, FL 33064
ND	KENNEDY, TOM	1100 PARK CENTRAL BLVD S.	POMPANO BEACH, FL 33064

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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK DYM

Date

1/27/01

Daytime Phone #

(904) 9170700