

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

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

**FILED**

01 OCT -2 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P 99000025863**

1. Corporation Name

INTERNATIONAL COMMODITY NETWORK, INC.

2. Principal Office Address

8998 NW 105 WAY

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MEDLEY, FL -

Zip

33171

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 03/22/1999

5. FEI Number

65-0905815

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

ORLANDO QUINONES

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

8515 SW 152 AVENUE

Suite, Apt. #, Etc.

SUITE 283

City

MIAMI

State

FL

Zip Code

33193

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

REGISTERED AGENT MUST SIGN

Date

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
DIR	ORLANDO QUINONES	8515 SW 152 AVENUE #283	MIAMI , FL 33193

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-887-8860

Daytime Phone #