

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/12

**CORPORATION  
REINSTATEMENT**

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

02 NOV 27 PM 1:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P 99000025863**

1. Corporation Name

INTERNATIONAL COMMODITY NETWORK, INC.

2. Principal Office Address

9010 N.W. 105 WAY

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MEDLEY, FL

City & State

Zip

Country

Zip

Country

33178

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)

600 N.E. 36 STREET

Suite, Apt. #, Etc.

APT 501

City

MIAMI

700009240957

11/27/02-01025-027 \* 150.00

State

FL

Zip Code

33137

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of

Registered Agent

Date

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
DIR	ORLANDO QUINONES	600 N.E. 36 STREET #501	MIAMI, FL 33137

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 118.07(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

10/19/01 305-881-8860

Date

Daytime Phone #

2nd 2

November 26, 2002

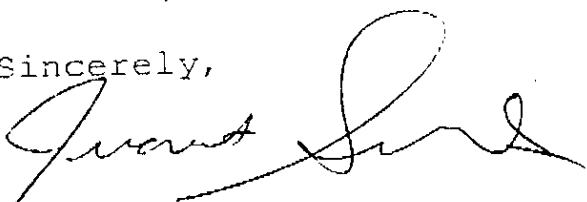
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

To Whom It May Concern:

Please accept this reinstatement application and check for \$150.00. My client never received the original form. I spoke to someone in your office and they informed that you have records showing the original was returned.

So please reinstate International Commodity Network, Inc. as soon as possible.

Sincerely,



Juanita Sankovich