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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000110507

1. Corporation Name
C.P.M. Trading Company Florida, Inc.

REINSTATEMENT 04-05

2. Principal Office Address
William, Harrold, Allen & Dixon
2300 Cabot Drive, Suite 455
Suite, Apt. #, etc.
City & State
Lisle, IL
Zip 60532 Country USA

3. Mailing Office Address
Suite, Apt. #, etc.
City & State
Lisle, IL
Zip 60532 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 12/23/99

5. FEI Number 36-4430047 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.25 additional fee required

7. Name and Address of Current Registered Agent
Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Road
Suite, Apt. #, Etc.
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 Corinne Berry Date 4/17/05
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Brigitte Feger	Heiligkreuz 40, P.O. Box 39	FL-9490 Vaduz

10. I certify that I am an officer or director of the reviver 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 that all notices 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: 10 MAI 2005
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

Print: 05/05/2005 CT System online

Florida Department of State
Division of Corporations
Public Access System

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Attn: Gary in Reinstatements
please refile and backdate to 5/17/05
thanks! :)
Jennifer

To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

CORPORATION REINSTATEMENT

C.P.M. TRADING COMPANY FLORIDA, INC.

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