

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 DEC -1 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000048121**

1. Corporation Name
1ST COMMERCIAL PLUS CORP.

Principal Place of Business
**8384 TRENT COURT
SUITE A
BOCA RATON FL 33433**

Mailing Address
**8384 TRENT COURT
SUITE A
BOCA RATON FL 33433**



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 06/28/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0500-756	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	SAMBUCO, ANGIE	8384 TRENT CT., SUITE A	BOCA RATON FL 33433

900002363619--5
-12/04/97-01113-004
****173.75 ****173.75

A. Alaw
12/1/97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SAMBUCO, ANGIE 8384 TRENT CT., SUITE A BOCA RATON FL 33433		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State	Zip Code
		FL	

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.
Signature of Registered Agent: *Angie Sambuco Pres.* Date: *Nov 4, 1997*
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: *Angie Sambuco* 11-4-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)

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1st Commercial Plus Corp.

8384 Trent Court Suite A
Doral, Florida 33433

Lic. Mortgage
Brokerage Business

Tel: (561) 488-9095
Fax (561) 488-1501

Nov 4, 1997

Florida Dept. of State
Sandra B. Northam
Secretary of State
Division of Corporations

Dear Ms. Northam

I've recently spoke to your office in ref. to this enclosed application. I've never recieved notice, this is the 2nd time.

I'm enclosing a check for ~~103~~¹⁰³.75 this amount includes a certificate of good standing. I appreciate your attention in this matter.

Please notify me in the future

Sincerely
Angie Sambuco Rea.
1st Commercial Plus Corp.
8384 Trent Ct Suite A