

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 AUG 20 PM 2:41

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **P95000067931**

1. Corporation Name  
**1ST Commercial Sales & Leasing, Inc**

Principal Place of Business: **300 Marine St. Carrabelle, FL 32322**  
Mailing Address: **P.O. Box 897 Carrabelle, FL 32322**

REINSTATEMENT

96-9700

2. New Principal Office Address, If Applicable  
3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida  
**Sept 1, 1995**  
5. FEI Number  
**59-3335990**  
6. CERTIFICATE OF STATUS DESIRED  \$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
Pres	Sandy J. Crawford	Hwy 98 W. Carrabelle	FL 32322
V. Pres	Ronald D. Crawford	"	" "
Sec/Tras	Betty W. Crawford	"	" "
			100002273951--9 -08/21/97--01096--003 ****915.00 ****915.00

8. Name and Address of Current Registered Agent  
**Sandy J. Crawford  
Hwy 98 W.  
Carrabelle FL 32322**

9. Name and Address of New Registered Agent  
Name: **David S. McDonald Esq.**  
Street Address (P.O. Box Number is Not Acceptable): **135 N. MAGNOLIA AVE**  
Suite, Apt. #, Etc.:  
City: **ORLANDO** State: **FL** Zip Code: **32801**

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: **David S. McDonald** Date: **8-18-97**  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: **Sandy J. Crawford** Date: **8-18-97** Daytime Phone #: **950-697-2740**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (1/2/96)