PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 OCT 25 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000039936

1. Corporation Name

COMMFLO CORPORATION

05-06

CR2E081 (12/05)

2. Principal Office Address		**3.** Mailing Office Address	
829 Woodward Street		829 Woodward Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Lakeland, FL		City & State: Lakeland, FL	
Zip: 33803	Country: USA	Zip: 33803	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 4/28/1999

5. FEI Number: 59-3631948 ☐ 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: R. Jay Kiley

Street Address (P.O. Box Number is Not Acceptable): 829 Woodward Street

000081190420
10/25/06--01049--001 **300.00

Suite, Apt. #, Etc.:

City: Lakeland, FL | State: FL | Zip Code: 33803

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: R. Jay Kiley — Date: 10.17.06

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
C/D	Render Swygert	601 E. Charles St.	Lakeland, FL 33803
C/D	Tyrone Shinn	1602 54th Street West	Bradenton, FL 34209
D	Jay Kiley	829 Woodward Street	Lakeland, FL 33803
T	Mary Lu Kiley	829 Woodward Street	Lakeland, FL 33803
S/D	Belinda Roberts	1319 Oxford Road NE	Atlanta, GA 30307
D	Joe Collier	716 S. Newport Ave	Tampa, FL 33606

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 contained in Chapter 119, 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: R. Jay Kiley — 10.17.06 — 8635298535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Kinsey, Vincent, Pyle, LC

ATTORNEYS AT LAW

150 South Palmetto Avenue, Box A
Daytona Beach, Florida 32114

Telephone (386) 252-1561
Fax Telephone (386) 254-8157

October 24, 2006

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

VIA FEDERAL EXPRESS

Re: Commflo Corporation

Dear Sir or Madam:

Enclosed is a Corporation Reinstatement application for the above Corporation, and this firm's check no.29922 in the amount of $300.00 for the Annual Report fee and Corporate Supplemental fee for 2005 and 2006.

Please waive the reinstatement fee due to the fact that said Corporation did not receive the annual report notice in the year of dissolution.

If you have any questions or need further information, do not hesitate to call.

Sincerely yours,
Kinsey, Vincent, Pyle, LC

By: _____
Christy F. Harris
Of Counsel

mmc

Enclosure: Check No. 29922