

**APPLICATION FOR REINSTATEMENT**

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

DO NOT WRITE IN THIS SPACE

**FILED**

98 SEP 16 AM 10:03

Read Instructions on Other Side Before Making Entries  
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # 502950

COMMERCIAL LONG TRADING CORP.  
P.O. Box 611752  
NM, FL 33161

2. If Address Block is incorrect, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State

Zip Code

3. Date Incorporated or Qualified To Do Business in Florida

Sept. 25-1990

4. FEI Number

59-3022905

FEI Number Applied For

FEI Number Not Applicable

5. **\$8.75 Additional Fee required for a Certificate of Status**

CERTIFICATE OF STATUS DESIRED

6. Names and Street Addresses of Each Officer and/or Director

1 Title	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 and State
Director	ELLIOTT GIRAUD	1840 NE 144 ST.	NM, FL 33161

800002643688  
-09/18/98--01078--075  
\*\*\*1358.75 \*\*\*1358.75

**REINSTATEMENT 94-98**

**REGISTERED AGENT INFORMATION**

7. Name and Address of Current Registered Agent

ELLIOTT GIRAUD  
1840 NE 144 ST  
NM, FL 33161

8. Name and Address of New Registered Agent and/or Office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State

FL.

Zip

CR2E040 (8/92)

9. 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 Elliott Giraud

REGISTERED AGENT MUST SIGN

Date 09-14-98

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box  (See other side for additional information.)

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., and that all fees owed by the corporation have been paid. 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 of Officer or Director Elliott Giraud

Date 09-14-98

Daytime Phone # 305-940-6192