

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND
FILED

03 MAR 17 AM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

274449

COMMERCIAL VENTURE SERVICES, INC.

REINSTATEMENT 01-02

2. Principal Office Address

2913 VIA NAPOLI

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL

Zip

33442

Country

3. Mailing Office Address

2913 VIA NAPOLI

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL

Zip

33442

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/7/1963

5. FEI Number

59-1027633

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

GLORIA H VON STEIN

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

2913 VIA NAPOLI

Suite, Apt. #, Etc.

City

DEERFIELD BEACH

State

FL

Zip Code

33442

100014104621

03/17/03--01005--021 **1050.00

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

Gloria von Stein

REGISTERED AGENT MUST SIGN

Date

3/7/03

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 Officers and/or Director	City/State/Zip
V	LEE T VON STEIN	818 CAROLINA CIRCLE SW	VERO BEACH, FL 32962
VP	CHARLES H VON STEIN	2913 VIA NAPOLI	DEERFIELD, FL 33442
P	GLORIA VON STEIN	2913 VIA NAPOLI	DEERFIELD, FL 33442
S	KIRK VON STEIN	2770 INDIAN RIVER BLVD	VERO BEACH, FL 32960

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 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

Gloria von Stein GLORIA VON STEIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/7/03

Daytime Phone #

954 360 7402