

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **274449**
1. Corporation Name
COMMERCIAL VENTURE SERVICES, INC.

2. Principal Office Address 2913 VIA NAPOLI Suite, Apt. #, etc. City & State DEERFIELD BEACH, FL Zip 33442		3. Mailing Office Address 2913 VIA NAPOLI Suite, Apt. #, etc. City & State DEERFIELD BEACH, FL Zip 33442	
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REINSTATEMENT 01-02

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

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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* Date 3/7/03
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 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 3/7/03 957 360 7402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)