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Florida Department of State
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To:
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Fax Number : (850) 205-0383

From:
Account Name : CORPORATION SERVICE COMPANY/hzc
Account Number : I20000000195
Phone : (850) 521-1000
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RECEIVED
05 JAN -7 PM 3:00
DIVISION OF CORPORATION

**FOREIGN PROFIT QUALIFICATION
COMMERCIAL COMMUNICATION & IMAGING, INC.**

FILED
2005 JAN -7 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Status	0
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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.**

1. COMMERCIAL COMMUNICATION & IMAGING, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3.

(FBI number, if applicable)

4. 3/26/2002

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6.

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 811 South Missouri Avenue, Lakeland, FL 33803

(Principal office address)

811 South Missouri Avenue, Lakeland, FL 33803

(Current mailing address)

8. To engage in any lawful act or activity for which corporations may be organized un-
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)**9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)**

Name: Corporation Service Company

Office Address: 1201 Nays Street

Tallahassee

(City)

, Florida 32302

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company

Cynthia L. Harris
as its agent

By: Cynthia L. Harris
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____
_____**B. OFFICERS**President: William S. HarrisonAddress: 5643 Hillview CourtLakeland, FL 33610Vice President: David D. Shumate, CEOAddress: 329 Bridgers Avenue, WestAuburndale, FL 33823

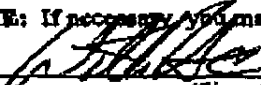
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and directors.

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. William S. Harrison, President

(Typed or printed name and capacity of person signing application)

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Delaware

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The First State

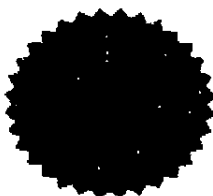
I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COMMERCIAL COMMUNICATION & IMAGING, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF JANUARY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COMMERCIAL COMMUNICATION & IMAGING, INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF MARCH, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3601068

DATE: 01-06-05

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>66600007008</u> 1. Corporation Name LEON & FARRAYE IMPORT AND EXPORT, L.L.C.	
2. Principal Office Address 10250 SW 56 Street	3. Mailing Office Address 10250 SW 56 Street
Suite, Apt. #, etc. D-202	Suite, Apt. #, etc. D-202
City & State Miami, FL	City & State Miami, FL
Zip 33185	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 06/15/2000	
5. FEI Number 651017028	Applied For ☐ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☒ YES ☐ NO	

7. Name and Address of Current Registered Agent	
Name Cuevas & Ortiz, P.A. - Andrew Cuevas, Esq.	
Street Address (P.O. Box Number is Not Acceptable) 536 Biltmore Way	
Suite, Apt. #, Etc. 	
City Coral Gables	State FL
Zip Code 33134	

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0805 or 617.0802, F.S.	
Signature of Registered Agent 	Date 01/08/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MGRM	Elias Farraye Henech	10250 SW 56 Street D-202	Miami, FL 33185
MGRM	Jose Leon	6854 NW 107 PL	Miami, FL 33178

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)(f), 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:  Elias Farraye Henech	Date 01/08/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

REINSTATEMENT 04-05


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Fax Number : (850)205-0383

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

LIMITED LIABILITY REINSTATEMENT

LEON & FARRAYE IMPORT AND EXPORT, L.L.C.

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