

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JAN 12 AM 11:06
SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L75908

1. Corporation Name

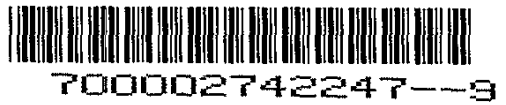
COMMERCIAL TECHNICIAN SERVICE, INC.

Principal Place of Business

Mailing Address

3941-10 DOLLY ST.
JACKSONVILLE FL 32218
US

1408 SECRETARIAT LANE S
JACKSONVILLE FL 32218
US



01/14/99-01100-007

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 435 Clark Rd.		3. New Mailing Office Address, If Applicable 435 Clark Rd.		4. Date Incorporated or To Do Business in Florida 05/24/1990	
Suite, Apt. #, etc. #103		Suite, Apt. #, etc. #103		5. FEI Number 59-3011886	
City & State Jacksonville FL		City & State Jacksonville FL		Applied For Not Applicable	
Zip 32218	Country Duval	Zip 32218	Country Duval	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	MANER BEST-WASHINGTON	1408 SECRETARIAT LANE S.	JACKSONVILLE FL
REINSTATEMENT 98-98			
SL 1-13-99			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MANER BEST- WASHINGTON 1408 SECRETARIAT LANE S. JACKSONVILLE FL 32218	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State FL

10. 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: Maner Best Washington **REQUIRED** Date: 1/6/99
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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., 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: Maner Best Washington **REQUIRED** 1/6/99 904-765-1912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (9/98)