

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 21 AM 8:00

DOCUMENT # L81010

1. Corporation Name

COMMERCIAL CORNERS, INC.
5901 S. W. 59th STREET
SUITE 407
MIAMI, FL 33143-5164

2. Principal Office Address

5901 S.W. 59th STREET

3. Mailing Office Address

5901 S.W. 59th STREET

Suite, Apt. #, etc.

SUITE 407

Suite, Apt. #, etc.

SUITE 407

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33143-5164

Country

DADE

Zip

33143-5164

Country

DADE

REINSTATEMENT

03-04
MRS

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

06/14/90

5. FEI Number

65-0204405

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

GARY A. BROWN

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

5901 S.W. 59th STREET

Suite, Apt. #, Etc.

SUITE 407

City

MIAMI, FL

State
FL

Zip Code

33143-5164

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

Date July 21, 2004

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 Officer and/or Director	City / State / Zip
P/S	GARY A. BROWN	5901 S.W. 59th St., #407	Miami, FL 33143-5164
V	JONATHAN SCHWARTZ	5901 S.W. 59th St., #407	Miami, FL 33143-5164

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY A. BROWN

July 21, 2004 305-662-8999

Date

Daytime Phone #

292



a Development & Brokerage Co.
Licensed Real Estate Broker

July 21, 2004

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

RE: Document No. L81010


Dear Sirs:

This letter is to request that you please waive the reinstatement fee for Commercial Corners, Inc., per the above referenced document number. We did not receive the Annual Report filing documents and were not aware the corporation had been dissolved.

We are enclosing a Corporation Reinstatement form and our check no. 5002, in the amount of \$308.75. This includes the 2003 and 2004 filing fees and \$8.75 for a certificate of status.

We await your consideration to waive the reinstatement fee and acceptance of the documents enclosed. Should you require additional information please contact my office at 305-662-8999.

Yours truly,


Gary A. Brown,
Registered Agent

encl: as stated