2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# L81010

Title:

Entity Name: COMMERCIAL CORNERS, INC.

FILED Mar 21, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5901 S.W. 59TH STREET 12602 SW 88TH STREET SUITE 407 MIAMI, FL 33186 MIAMI, FL 331435164 US

New Mailing Address: Current Mailing Address:

5901 S.W. 59TH STREET 12602 SW 88TH STREET SUITE 407 MIAMI, FL 33186 MIAMI, FL 331435164 US

FEI Number: 65-0204405 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BROWN, GARY A BROWN, GARY A 5901 S.W. 59TH STREET 12602 SW 88TH STREET SUITE 407 MIAMI, FL 33186 MIAMI, FL 33143 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GARY A. BROWN 03/21/2006

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:

Title: () Delete Title: (X) Change () Addition BROWN, GARY A BROWN, GARY A Name: Name: 5901 S.W. 59TH ST #407 12602 SW 88TH STREET Address: Address:

City-St-Zip: MIAMI, FL 331435164 City-St-Zip: MIAMI, FL 33186

(X) Change () Addition () Delete Name: SCHWARTZ, JONATHAN Name: SCHWARTZ, JONATHAN 5901 S W 59TH ST #407 Address: 12602 SW 88TH STREET Address:

MIAMI, FL 331435164 `, FL 33186 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY A. BROWN **PRES** 03/21/2006