

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 APR -8 PM 4:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000010054

1. Corporation Name

COMMERCIAL CONNECTIONS, INC.

2. Principal Office Address

2338 IMMOKALEE RD.

3. Mailing Office Address

1000 9th St. N.

Suite, Apt. #, etc.

163

Suite, Apt. #, etc.

503

City & State

NAPLES FL

City & State

NAPLES, FL

Zip

34110

Country

USA

Zip

34102-5481

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0998516

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

DANA HARRISON

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

1000 TAMiami TR. N.

Suite, Apt. #, Etc.

503

City

NAPLES

State

FL

Zip Code

34102

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/19/02

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/D	JOHN WINTERS	2338 IMMOKALEE RD #163	NAPLES, FL 34110

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]
JOHN WINTERS, PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/02

Date

(905) 436-0375

Daytime Phone #

x 204

DANA L. HARRISON

CERTIFIED PUBLIC ACCOUNTANT
1000 Tamiami Trail North, Suite 503
Naples, Florida 34102

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Tel: 941-263-6626
Fax: 941-263-3715

MEMBER:
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

March 19, 2002

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Reinstatement. _____
COMMERCIAL CONNECTIONS, INC

Dear Sir:

Enclosed please find the completed application for corporate reinstatement and the company's check for \$300.00.

The original annual report for the year 2001 was not received by the company president or any other officer. The corporation was formed on January 30, 2000. The attorney that incorporated the company turned everything over to the owners. He did not inform them that an annual report must be filed. The attorney did not correct the address for the corporation. The corporate annual report form for 2001 was not received by company officials.

Because of these facts the company requests that the reinstatement penalty of \$600. 00 be waived. Thank you for your assistance in this matter.

Sincerely,



Dana L. Harrison

Encl.
DLH:lb