

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 APR -3 AM 8:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P00000085301

**1. Corporation Name**

COMMERCIAL INVESTMENT TRUST, CORP

700015286977  
04/03/03--01041--032 \*\*300.00

**2. Principal Office Address**

ANARITA WILLIAMS

**3. Mailing Office Address**

3298 NW 169 TERRACE

Suite, Apt. #, etc.

13499 BISCAYNE BLVD

Suite, Apt. #, etc.

MIAMI,

City & State

MIAMI, FLORIDA

City & State

FL

Zip

33181

Country

US

Zip

33056

Country

US

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

9-18-2000

**5. FEI Number**

65-103-8138

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$2.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

ANARITA WILLIAMS

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

3298 NW 169 TERRACE

Suite, Apt. #, Etc.

City

MIAMI,

State  
FL

Zip Code  
33056

**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

3/29/03

**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
PRES	ANARITA WILLIAMS	2781 NW 159 STREET	MIAMI, FLORIDA 33054

**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

Date

3/29/03

Daytime Phone #

CR20081 (10/02)

2/4/4

**COMMERCIAL INVESTMENT TRUST, CORP  
13499 BISCAYNE BLVD, TOWER SUITE3  
MIAMI, FLORIDA 33181**

March 29th, 2003

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

Dear Sir/Madam;

Last year we did not receive the UBR form and found my company was inactive.  
Attached, please find the reinstatement form plus a fee of \$300.00 that was quoted to me  
via telephone.

If you have any questions, please feel free to contact me at (305) 626-8822.

Sincerely,  
  
Ana Williams