

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

05 APR 20 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO1000057599**

1. Corporation Name

Commercial Industrial Services Inc.

2. Principal Office Address

1940 NW 22nd Street

Suite, Apt. #, etc.

3. Mailing Office Address

1940 NW 22nd Street

Suite, Apt. #, etc.

City & State

Pompano Beach FL

City & State

Pompano Beach FL

Zip

33069

Country

USA

Zip

33069

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8-8-01

5. FEI Number

65-1129470

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

Michael J. Picazio

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

2101 Middle River Drive

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33305

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

Michael J. Picazio

REGISTERED AGENT MUST SIGN

Date

4-18-05

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	Michael J. Picazio	2101 Middle River Drive	Fort Lauderdale FL 33305

300054124623
05/10/05--01008--016 **450.00

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:

Michael J. Picazio

Michael J. Picazio

4-18-05

954-590-2102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED01 (01/05)

282

2101 Middle River Drive
Fort Lauderdale FL 33305

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Commercial Industrial Services

April 19, 2005

Division of Corporations, Department of State

2003 AR

Dear Sir or Madam:

I have not received my Uniform Business Report. I have discovered the mailing address you have on file (1641 South Ocean Drive, Fort Lauderdale FL) is incorrect. The correct address is 2101 Middle River Drive, Fort Lauderdale FL 33305. Please accept the enclosed \$450.00 payment and waive the late fees from this account.

Sincerely,



Michael J. Picazio
President

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