
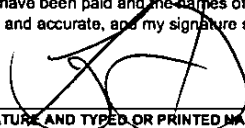


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 SEP 15 AM 10:28 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P01000083535				
1. Corporation Name COMMERCIAL BUSINESS GROUP, INC				
2. Principal Office Address 6145 SW 92ND ST <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address 6145 SW 92ND ST. <small>Suite, Apt. #, etc.</small>		
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA		
Zip 33156-1962	Country USA	Zip 33156-1962	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 8/23/01
5. FEI Number 65-1133296			Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>			\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent				
Name GUILLERMO J. FERNANDEZ				
Street Address (P.O. Box Number is Not Acceptable) 6145 SW 92ND ST				
Suite, Apt. #, Etc.				
City MIAMI			State FL	Zip Code 33156-1962
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 _____ REGISTERED AGENT MUST SIGN Date _____				
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	
D	GUILLERMO J FERNANDEZ	6145 SW 92ND ST	MIAMI FL 33156-1962	
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 09.12.05 Daytime Phone #				

CR2E081 (01/05)