

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 24 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000087790

1. Corporation Name

COMMERCIAL BUSINESS CORPORATION

Principal Place of Business

Mailing Address

1620 NE 4TH PL
FT LAUDERDALE FL 33301

1620 NE 4TH PL
FT LAUDERDALE FL 33301

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

3765 OAKS CLUBHOUSE 3765 OAKS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Druid
POYANO Beach FL

CLUBHOUSE DR
POYANO Beach FL

Zip
33069

Country
USA

Zip
33069

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/04/2001

5. FEI Number

65-1144574

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	DOMINGUEZ, LOUIS	1620 NE 4TH PL 3765 OAKS CLUBHOUSE DR. POYANO Beach	FT LAUDERDALE FL 33301 FL 33009
VPD	DONINGUEZ, BASTIEN	1620 NE 4TH PL 3765 OAKS CLUBHOUSE DR	PORT LAUDERDALE FL 33301 POYANO Beach FL 33009

400024081654

10/24/03--01023--017 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DOMINGUEZ, LOUIS
1620 NE 4TH PL
FT LAUDERDALE FL 33301

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/20/03

11. 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.

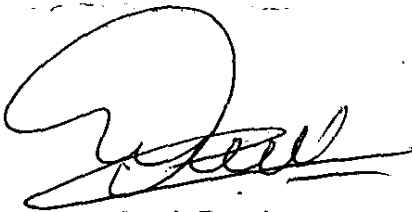
SIGNATURE:

10/20/03

**Commercial Business Corporation
3765 Oaks Clubhouse drive
Pompano Beach, FL 33069**

Pompano Beach October 21, 2003

- I hereby certify that Commercial business corporation did not received the prior UBR notices certainly due to the change of address in December 2002 .
- I hereby ask you to waive the reinstatement fee.
- Please note that the new address for Commercial business corporation is:
3765 Oaks Clubhouse drive, Pompano Beach, FL, 33069.
- Best regards

A handwritten signature in black ink, appearing to read 'Louis Dominguez', with a large, stylized initial 'L'.

Louis Dominguez

President