2006 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P03000016341  1. Entity Name COMMONWEALTH FINANCIAL GROUP, INC.  Principal Place of Business Mailing Address							00	FILE		{01	
7821 N. DALE MABRY HWY. SUITE 114 TAMPA, FL 33614  2. Principal Place of Ausiness				7821 N. DALE MABRY HWY. SUITE 114 TAMPA, FL 33614  3. Mailing Address			1	SELETARY OF			
, 7821 N. Dak Mahm Mung Suite, Apt. #, etc. Sk 114				Suite, Apt. #, etc. Sh [14			11 000	INSTA		ENT	
City & State Tange R				City & State Tamor F	۲		4. FEI Numb 33-104			oplied For tot Applicable	
Zip 37614				SSL(4	Cour	57/- T	<u> </u>	of Status Desired	\$8.75 Ac Fee Requir		
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent Name				
REINTJES 7821 N. D. TAMPA, F	ALE MAB	OPHER J RY HWY., SUITE 11:	4		Street Address (P.O. Box Number is Not Acceptable)						
						City	<del></del>		FL Zip Co	de	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  11. 3c / 64											
	Signature, typed	or printed name of registered agent	and title	if applicable. (NO	TE: Registe	ed Agent signature rec	quired when reinstating	)	DATE/		
ſ		FEE IS \$150.00 107, Fee will be \$300.1	DO						ith s. 607.193(2)(b) not receive the prior		
10.	OFFICERS AND DIRECTORS						ADDITIONS	/CHANGES TO OFFI	CERS AND DIRECTOR		
NAME STREET ADDRESS CITY-ST-ZIP	NOLL, CRAIG 7821 N. DALE MABRY HWY STE. 114 TAMPA, FL 33614  NAM CITY					1			Change 2 <b>86799</b> 3010 **15	□ Addition   0.00	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR											
SIGNATURE: 1/30/6 (8) 1-35 (8) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daylor Phone #											



## Commonwealth Financial Group

Commonwealth Financial Group 7821 North Dale Mabry Hwy., Suite 114 Tampa, FL 33614 (888) 870 9990 ext. 238

11/30/06

To Whom it May Concern:

I am requesting that Commonwealth Financial Group be reinstated without penalty for the filing of the 2006 annual report. I apologize for the delay, but I was unaware that the filing was past due. We are licensed in many states, and this is a regulation in most of them. As soon as I receive notice that this is due, I immediately file the report. I did not receive notice this year that it was due, thus the reason for filing late. Again, I apologize, if I had been aware of the situation I would have filed the annual report long before this. Again, we did not receive notice that it was due, and therefore I request that the fees be waived. Commonwealth Financial has filed reports for the past years that we have been incorporated, this is the first time that this has come up, I hope that this may help get us some leniency. I am including a check for \$150.00, please let me know if any additional money is needed - my phone number is (813) 935 7611 ext. 238. Thank you for your time, I look forward to speaking with you.

Sincerely,

Chris Reintjes