

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY -8 AM 11:39

DOCUMENT # *P04000013047*

1. Corporation Name

COMMERCIAL & INSTITUTIONAL SERVICES, INC.

2. Principal Office Address

1575 S.W. 20th AVE

Suite, Apt. #, etc.

N/A

City & State

MIAMI, FLORIDA

Zip

33145

Country

DADE

3. Mailing Office Address

1575 S.W. 20th AVE.

Suite, Apt. #, etc.

N/A

City & State

MIAMI, FLORIDA

Zip

33145

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

JAN 15th, 2004

5. FEI Number

X 20-070088

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

ALAIN TRUDEAU

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

1575 S.W. 20th AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33145

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

Alain Trudeau (ALAIN TRUDEAU)

REGISTERED AGENT MUST SIGN

Date

5/6/06

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
<i>PD</i>	<i>TRUDEAU, ALAIN</i>	<i>1575 S.W. 20th AVE.</i>	<i>MIAMI, FL. 33145</i>

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:

Alain Trudeau (ALAIN TRUDEAU)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/6/06 (786) 399-6840

Daytime Phone #

CR2E081 (9/00)