

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000013047 1. Entity Name COMMERCIAL & INSTITUTIONAL SERVICES, INC.	
--	---

FILED

07 SEP 25 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1575 S.W 20TH AVENUE MIAMI, FL 33145	Mailing Address 1575 S.W 20TH AVENUE MIAMI, FL 33145
--	--



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

09242007 REIN-P CR2E098 (1/07)

City & State	4. FEI Number 20-0700088
--------------	------------------------------------

Applied For
Not Applicable

Zip	Country	Zip	Country
-----	---------	-----	---------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent TRUDEAU, ALAIN 1575 SW 20TH AVENUE MIAMI, FL 33145	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
---	--

FL

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: *Alain Trudeau* DATE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRUDEAU, ALAIN <input type="checkbox"/> Delete 1575 SW 20TH AVE MIAMI, FL 33145	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 18px; font-weight: bold;">500110061245</div> <div style="text-align: center; font-size: 14px;">09/28/07--01055--007 **150.00</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 07 AS

12. I hereby certify that the information supplied with this filing 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 if 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: *Alain Trudeau* Date: _____ Daytime Phone #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR