


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000098664</b>	
1. Entity Name <b>COMME INVESTMENT GROUP, CORP.</b>	

Principal Place of Business <b>10605 SW 69TH TERRACE MIAMI, FL 33173</b>	Mailing Address <b>10605 SW 69TH TERRACE MIAMI, FL 33173</b>
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2. Principal Place of Business <b>10847 SW 68 Drive</b> Suite, Apt. #, etc.	3. Mailing Address <b>10847 SW 68 Drive</b> Suite, Apt. #, etc.
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City & State <b>MIAMI FL</b>	City & State <b>MIAMI FL</b>
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Zip <b>33173</b>	Country <b>USA</b>	Zip <b>33173</b>	Country <b>USA</b>
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6. Name and Address of Current Registered Agent <b>COMME, RUTH M MRS 10605 SW 69TH TERRACE MIAMI, FL 33173</b>		7. Name and Address of New Registered Agent Name <b>Ruth Mercedes Comme</b> Street Address (P.O. Box Number is Not Acceptable) <b>10847 SW 68 Drive</b> City <b>MIAMI</b> FL <b>33173</b>	
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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:  (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete <b>COMME, RUTH M MRS 10605 SW 69TH TERRACE MIAMI, FL 33173</b>	TITLE <b>10847 SW 68 Drive</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>S</b>	<input checked="" type="checkbox"/> Delete <b>BORROTO, MARITZA 10605 SW 69TH TERRACE MIAMI, FL 33173</b>	TITLE <b>MIAMI FL 33173</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b>600073715316</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b>05/02/06--01043--001 **300.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

**FILED**  
06 APR -4 AM 10:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT**  
04032006 REIN-P CR2E098 (11/05) 05-06