
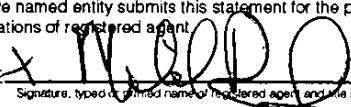



# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P95000022770</b> 1. Entity Name <b>3 D COMMERCIAL SERVICES INC.</b>					
Principal Place of Business <b>1950 RICARDO AVE FORT MYERS, FL 33901 US</b>			Mailing Address <b>1950 RICARDO AVE #5 FORT MYERS, FL 33901 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>1950 Ricardo Avenue</b> Suite, Apt. #, etc.			
City & State <b>Fort Myers, FL</b>		4. FEI Number <b>65-0579742</b>			
Zip <b>33901</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DARLING, MICHAEL L 2870 ESTERO BLVD FT MYERS BEACH, FL 33931</b>			7. Name and Address of New Registered Agent Name <b>Darling, Michael L.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1950 Ricardo Avenue</b> City <b>Fort Myers</b> <b>FL</b> Zip Code <b>33901</b>		
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: 				DATE: <b>10/10/06</b>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$300.00</b>			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	<b>D</b> <b>DARLING, MICHAEL L</b> <b>2870 ESTERO BLVD</b> <b>FT MYERS BEACH, FL 33931</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Darling, Michael L.</b> <b>1950 Ricardo Avenue</b> <b>Fort Myers, FL 33901</b>	<input checked="" 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	<b>800080831908</b> <b>10/13/06--01049--024 **150.00</b>		
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		
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: 				DATE: <b>10/10/06</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	