PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 96-98

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

98 APR 20 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000095123

1. Corporation Name

COMMERCIAL CONTRACTING SERVICE, INC.

Principal Place of Business / Mailing Address

934 North University Drive, Suite 295
Coral Springs, Florida 33071

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
934 N. University Drive		12/19/95
Suite, Apt. #, etc. Suite 295	Suite, Apt. #, etc.	5. FEI Number ✓ Applied For / Not Applicable
City & State Coral Springs, Fla. 33071	City & State	6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status
Zip 33071 / Country Broward	Zip / Country	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P,S,T	Louis Oldoni	934 N. University Drive Suite 295	Coral Springs, Fla. 33071
			100002498631--6 -04/23/98--01123--013 ***1050.00 ***1050.00
			REINSTATEMENT 96-98
			4/20/98

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
James Johnston 419 N.W. 104th Avenue Coral Springs, Fla. 33065	Name: Louis Oldoni Street Address (P.O. Box Number is Not Acceptable): 934 N. University Drive Suite, Apt. #, Etc.: Suite 295 City: Coral Springs / State: FL / Zip Code: 33071

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] Date 4-16-98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: [signature] 4-16-98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Louis Oldoni

Date

Daytime Phone #