2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000096941

City-St-Zip:

WINTER PARK, FL 32789

FILED Oct 20, 2009 Secretary of State

Entity Name: COMMERCIAL BUSINESS FINANCE CORP.					
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
1031 W MORSE BLVD SUITE 140 WINTER PARK, FL 32789					
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
1031 W MORSE BLVD SUITE 140 WINTER PARK, FL 32789					
FEI Number:	59-3355715	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of N	Name and Address of New Registered Agent:	
HADLEY, RALPH V III 1031 W. MORSE BLVD. SUITE 350 WINTER PARK, FL 32789 US			PAPE, DAVID G 1031 W. MORSE BLVD. SUITE 140 WINTER PARK, FL 3278	1031 W. MORSE BLVD.	
The above in the State		ubmits this statement for the pu	rpose of changing its registered o	ffice or registered agent, or both,	
SIGNATURE: DAVID G. PAPE				10/20/2009	
Electronic Signature of Registered Agent			t	Date	
		(2)(b), F.S., the corporation did not Trust Fund Contribution ().	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BARNES, JAMES	BLVD SUITE 270	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	HADLEY, RALPH	E BLVD SUITE 350	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address:	PAPE, DAVID G	Delete E BLVD SUITE 140	Title: () Name: Address:	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: DAVID G. PAPE PTD 10/20/2009