
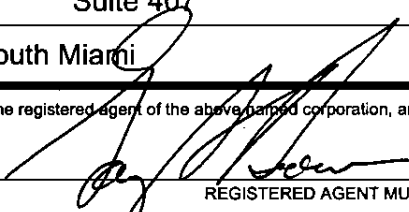
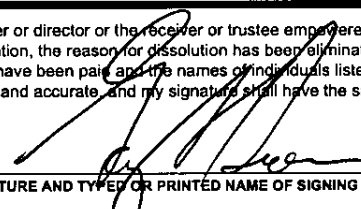


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	<b>FILED</b> 04 JAN 12 AM 5:23 SECRETARY OF STATE TALLAHASSEE, FLORIDA  800026052128 01/06/04--01005--028 **750.00	
<b>DOCUMENT # P96000057476</b>				
<b>1. Corporation Name</b> COMMEN, INC.				
<b>2. Principal Office Address</b> 5901 SW 74 Street Suite, Apt. #, etc. Suite 407 City & State South Miami Zip 33143 Country US		<b>3. Mailing Office Address</b> 5901 SW 74 Street Suite, Apt. #, etc. Suite 407 City & State South Miami Zip 33143 Country US		
		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 07/05/1996		
		<b>5. FEI Number</b> 650704887		
		<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>		
<b>7. Name and Address of Current Registered Agent</b>				
Name Gary Brown				
Street Address (P.O. Box Number is Not Acceptable) 5901 SW 74 Street				
Suite, Apt. #, Etc. Suite 407				
City South Miami				
		State FL	Zip Code 33143	
<b>8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.</b>				
Signature of Registered Agent 		Date 12/31/03		
REGISTERED AGENT MUST SIGN				
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>				
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	
PDS	Gary A. Brown	5901 SW 74 Street, Ste. 407	South Miami, FL 33143	
<b>REINSTATEMENT</b> 03				
<b>10. 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.</b>				
<b>SIGNATURE:</b> 		Gary A. Brown, President		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 12/31/03	Daytime Phone # 305-662-8999	

CR2E081 (10/02)