PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E∴Hood 't

Secretary of State

DIVISION OF CORPORATIONS

P96000093190 DOCUMENT

1. Corporation Name

COMMERCIAL SALES, INC.

FILED

04 FEB -2 AM 9:30

SECRETARY OF STATE TALLAHASSEE, FLORIDA

MEMBERTATIONED OF -NU

Principal Place of Business	Mailing Address		MILITERIAL CONTRACTOR	
7366 NW STREET PLANTATION FL 33317 US	7366 NW STREET PLANTATION FL 33317 US			
If above addresses are incorrect in any way, line the 2. New Principal Office Address, If Applicable 1366 NW 5th Street Suite Apt. #, etc.	3. New Mailing Office Address, If	Applicable 4. Date Incorro To Do Bus	porated or Qualified siness in Florida 11/0	**308.75 08/1996
City & State Plantation FL Zip Country 33317 USA		54 CERTIFICAT	65-0728005	Not Applied For Not Applicable 5 Additional Fee required ra Certificate of Status
1 and/or Directors 3 Office		eet Address of Each icer and/or Director	City (Chang / Tim	
DVPT JON, MCGLEAN McLane 7866 NW STREETS 7366 NW STREETS 7366 NW STREETS 7366 NW STREETS 7366 NW STREETS Plantation				
8. Name and Address of Current Registered Agent		Name and Address of New Registered Agent		
MCLANE, WOODROW P 7366 NW S STREET PLANTATION FL 33317 Reinove		Name Rhonda Malane Street Address (P.O. Box Number is Not Acceptable) 7366 NW 5th Street Suite, Apt. #, Etc. City Plantation State Zip Code FL 33317		
10. I, being appointed the registered agent of the at Signature of Registered Agent	nove named corporation, am familiar wi		Date 1 (2 7 / 0 4	i, F.S.

11. 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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

COMMERCIAL SALES

Licensed Real Estate Broker: Coin Laundries Our Specialty

7366 NW 5th Street ◆ Plantation, Florida 33317
Telephone 954-584-5600 ◆ Toll Free 800-442-9830 ◆ Fax 954-584-5688
Visit our Website at www.coinlaundrysales.com

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Reinstatement of Commercial Sales, Inc.

January 27, 2004

Dear Sir or Madam:

Enclosed please find the Application for Reinstatement for Commercial Sales, Inc.

The address listed on the Application is incorrect. I did not receive a Uniform Business Report notice, so I am requesting that my reinstatement fee be waived.

Please find enclosed a check for \$308.75 for the Uniform Business Report for 2003 and 2004, and a new Certificate of Status.

In addition, several changes I requested in my 2002 Uniform Business Report were not made. Please note the changes on my enclosed Reinstatement Form.

Thanks for your attention and consideration.

Rhonda McLane

Commercial Sales, Inc.

7. Mer