

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 SEP -6 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000002224

1. Corporation Name

PRIVATE COMMERCIAL OFFICE, INC.

W01-19550

REINSTATEMENT 98-07

2. Principal Office Address

3501 Del Prado Blvd.

Suite, Apt. #, etc.

Suite 211

City & State

Cape Coral, FL

Zip
33904

Country
USA

3. Mailing Office Address

3501 Del Prado Blvd.

Suite, Apt. #, etc.

Suite 211

City & State

Cape Coral, FL

Zip
33904

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/23/1998

5. FEI Number

65-0716953

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Alexander Reus, Esq.

Street Address (P.O. Box Number is Not Acceptable)

5201 Blue Lagoon Drive

Suite, Apt. #, Etc.

Suite 100

City

Miami

200004587272-6

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***1208.75 ***1208.75

State
FL

Zip Code
33126

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.

Signature of
Registered Agent

Date 8/13/01

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Ulrich Engler	3501 Del Prado Blvd. Suite 211	Cape Coral, FL

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ulrich Engler

7/31/01

Date

(305) 260-1027

Daytime Phone #

CR2E081 (9/99)