

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

99700
CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JAN -3 PM 5:06

DOCUMENT # P97000049941

1. Corporation Name
Clinton Commercial Group, INC

2. Principal Office Address
3225 AVIATION AVE

3. Mailing Office Address
3225 AVIATION AVE

Suite, Apt. #, etc.
700

Suite, Apt. #, etc.
700

City & State
COCONUT GROVE, FL

City & State
COCONUT GROVE, FL

Zip Country
33133

Zip Country
33133

4. Date Incorporated or Qualified To Do Business in Florida
Nov. 1997

5. FEI Number
65-0778367

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
STEWART MARCUS

Street Address (P.O. Box Number is Not Acceptable)
3225 AVIATION AVE

Suite, Apt. #, Etc.
700

City
COCONUT GROVE

State
FL

Zip Code
33133

800003535278-2
-01/12/01--01024--004
****300.00 ****300.00

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
S. Marcus

Date
12/29/00

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
Pres	STEWART MARCUS	3225 AVIATION AVE. #700	COCONUT GROVE, FL. 33133
VP	PETER F. FAGAN	3225 AVIATION AVE. #700	COCONUT GROVE, FL. 33133

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: *Peter F. Fagan* PETER F. FAGAN 12/29/00 305/860-8100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/te Phone #



CLINTON COMMERCIAL GROUP, INC.

December 28, 2000

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, fl. 32314

Re: Clinton Commercial Group, Inc
Reference # P97000049941

Dear Sir or Madam:

It has just come to our attention that the above mentioned corporation has been administratively dissolved due to its lack of filing an annual report. It appears that the mailing address of this report had not been changed for the last few years and consequently we never received the annual report.

In light of these findings we respectfully request that the \$600 reinstatement fee be waived in this matter. Enclosed please find a check for \$300, which represents both filing fee and corporate supplemental fee for 1999 and 2000.

Please contact me directly should you have any questions or comments.

Sincerely,

Raul Lopez
Controller