

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2005 AUG -4 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 98000044144**

1. Corporation Name

COMMERCIAL CAPITAL USA, INC.

2. Principal Office Address

5328 TROUBLE CREEK

Suite, Apt. #, etc.

2ND FL

City & State

NEW PORT RICHEY, FL.

Zip

34652

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

REINSTATEMENT 01-05

4. Date Incorporated or Qualified
To Do Business in Florida

MAY 15TH 1998

5. FEI Number

59-3579210

☒ 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

MICHELLE M. RYZOWICZ

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

1915 FIREFERN CT

Suite, Apt. #, Etc.

900058188288
08/03/05--01034--002 **1318.75

City

TRINITY

State

FL

Zip Code

34655

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

Michelle M. Ryzowicz
Michelle M. Ryzowicz

REGISTERED AGENT MUST SIGN

Date

8/2/05

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
PVP S.T.O	MICHELLE M RYZOWICZ	1915 FIREFERN CT.	TRINITY FL. 34655
D	ALAN P. ASHFIELD	7037 CHETEK DR. #105	TRINITY, FL. 34655

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)(f), 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:

Michelle M. Ryzowicz
Michelle M. Ryzowicz (727) 816-9002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)

8/9aw