

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 JAN 19 AM 10:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000067916

1. Corporation Name

COMMONWEALTH INVESTMENTS, INC.

Principal Place of Business

13530 SW 98 PLACE
MIAMI FL 33176

Mailing Address

13530 SW 98 PLACE
MIAMI FL 33176

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT

2050

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/30/1999	
City & State		City & State		5. FEI Number	
Zip		Country		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SCHMIEDIGEN, THOMAS F.	13530 SW 98TH PLACE	MIAMI, FL 33176
			800003656618--2 -02/07/01--01094--008 *****750.00 *****750.00
			800003656618--2 -02/07/01--01094--008 *****8.75 *****8.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MARDER, MARK A PENTHOUSE FIVE 9400 SOUTH DADELAND BLVD. MIAMI FL 33156	Name THOMAS F. SCHMIEDIGEN Street Address (P.O. Box Number is Not Acceptable) 13530 SW 98TH PLACE Suite, Apt. #, Etc. City MIAMI State FL Zip Code 33176

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent [Signature] **SIGNATURE REQUIRED** Date Jan 15, 2001

REGISTERED AGENT MUST SIGN

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 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] **SIGNATURE REQUIRED** Date Jan 15, 2001 (305) 259 3130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR