

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JAN 27 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

S41749

1. Corporation Name

Commerce Finance Corporation

2. Principal Office Address

605 E. Robinson Street

3. Mailing Office Address

(same)

Suite, Apt. #, etc.

Suite 730

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Zip

32801

Country

USA

Zip

Country

REINSTATEMENT

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

3/29/1991

5. FEI Number

59-3063696

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

AM&E Services LLC

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

605 East Robinson Street

Suite, Apt. #, Etc.

Suite 730

City

Orlando

State

FL

Zip Code

32801

400046018744

02/04/05--01013--023 **105.00

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

Date

1/21/05

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
DP	Michael A. Siemer	605 E. Robinson Street, Suite 730	Orlando, Florida 32801
DVP	Darryl Siemer	605 E. Robinson Street, Suite 730	Orlando, Florida 32801

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

Date

Daytime Phone #

1-21-05

CR2E081 (01/05)