

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 17 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FL 32304

DOCUMENT

1. Corporation Name

542295

COMMERCE EXECUTIVE CENTER, INC.

2. Principal Office Address

1975 East Sunrise Blvd.

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite 505

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Zip

33304

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4/2/91

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

800014452638
03/24/03--01003--006 **2408.75

7. Name and Address of Current Registered Agent

Name

John F. Phillips, Esquire

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

1401 South Andrews Avenue

Suite, Apt. #, Etc.

City

Fort Lauderdale,

State
FL

Zip Code

33316

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

REGISTERED AGENT MUST SIGN

Date 3/14/03

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
	John Phillips Dir.	1401 S. ANDREWS AVE	FT. LAUDERDALE, FLA. 33316
	Allan Flom PTD	3575 Blvd. St. Laurent, 8th Flr.	Montreal, Canada H2X2T7 OC

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

JOHN F. PHILLIPS

3/14/03

Date

954 765 1350

Daytime Phone #

CR2E081 (10/02)