PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPAREMENT OF STATE APPLICATION **Katherine Harris** FILED FOR Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 00 OCT 16 PM 2: 44 DOCUMENT #**V**21493 SECRETARY OF STATE TALLAHASSEE, FLORIBA 1. Corporation Name pus Commercial Group, Inc. Principal Place of Business
6100 Blue Lagoon Drive Suite 140 Miami, FI. 33126
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number. City & State City & State Zıp Country 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) Name of Officers and/or Directors Street Address of Each Title(s) Officer and/or Director
(Do NOT Use Post Office Box Numbers) City / State / Zip Elizabeth Diaz 6100 Blue Lagoon DR. #140 Hiami F1. 3.3126 d00003441776--0 <u>-10/27/00</u>--01021--020 \*\*\*\*750.00 \*\*\*\*750.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Elizabeth Diaz Name 6100 Blue Lagoon DRIVE Street Address (P.O. Box Number is Not Acceptable) Suite 140 Suite, Apt. #, Etc. Miami, T1 33126 State Zip Code 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 11. This corporation owes the current year Intangible Personal Property Tax due June 30. (See other side for information Yes 🛛 No 🗌 on intangible tax.) 12. 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 filling 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. lizabeth Diaz 10-13-00 305-261-2955 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER