

PLEASE READ ALL INSTRUCTIONS BEFORE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

16 SEP 19 PM 11:33

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

F140000004927

1. Corporation Name

Citishare Corporation

2. Principal Office Address - No P.O. Box #

6235 Fowl Creek Dr

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Parrish, FL

City & State

Zip

34219

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/19/1978

5. FEIN Number

13-2982159

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$9.75 Additional Fee required
for a Certificate of Status

CR2E081 (11/10)

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, etc.

City

Plantation

State

FL

Zip Code

33324

REINSTATEMENT

2015-2016

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*Conni Bueya*
REGISTERED AGENT MUST SIGN

Date 09/21/2016

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
P/CEO	Wayne Malone	One Court Square	LIC, NY 11120
FO/Corp	Elisa Lanthier Jennings	6235 Fowl Creek Dr	Parrish, FL 34219
GC/S	Michelle Scruton	One Court Square	LIC, NY 11120

10 E-mail Address: elisa.lanthierjennings@citigroup.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:

James R Springer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/14/16

7652491342

[Handwritten signature]

9/21/2016 9:47:10 AM From: To: 8506176384(4/4)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C/ Director	Edward Garofalo	1000 NORTH WEST ST	Wilmington DE - Delaware US 19801
Director	Elizabeth Garza	153 E 53RD STREET	New York NY - New York US 10022
Director	Manoj Gopalakrishnan	153 E 53RD STREET	New York NY - New York US 10022
Director	J.P. Jolly	388 GREENWICH STREET	New York NY - New York US 10013

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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RE-SUBMIT

To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

Please retain original filing date of submission 9/20

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Email Address: _____

**CORPORATION REINSTATEMENT
CITISHARE CORPORATION**

Certificate of Status	0
Certified Copy	0
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Attn: Marquitta Williams

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Corporate Filing Menu

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