

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV -7 AM 8:01

DOCUMENT # N01000000324

1. Corporation Name

CITY LINKS 4CHARITIES, INC.

Principal Place of Business

3437 BELLINGTON DR
ORLANDO FL 32835

Mailing Address

3437 BELLINGTON DR
ORLANDO FL 32835

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/16/2001

5. FEI Number

59-3713388

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

☒ \$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P/D	RODRIGUEZ, EFRAIN	3437 BELLINGTON DR	ORLANDO FL 32835
D	JOLLY, ROBERT G	3437 BELLINGTON DR	ORLANDO FL 32835
D	PEREZ, CARMEN	3437 BELLINGTON DR	ORLANDO FL 32835 REMOVE
D	JANE, MUNECA	3437 BELLINGTON DR	ORLANDO FL 32835

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8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

EFRAIN RODRIGUEZ

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

3437 BELLINGTON DR

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32835

CR2EC40 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/29/02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/02 407 296-0713

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To whom it may concern:

Attached is the 2002 uniform business report, sorry for the delay but I had no recollection of receiving this, nor was I expecting it. I was very surprised to receive this dissolution notification and called Tallahassee and was told to send in a letter with the form and refilling charges will be waived. We are a new non profit corporation, and this is our first filling. I will be on the lookout to ensure timely compliance in the future. Thank you

A handwritten signature in black ink, appearing to read "Efrain Rodriguez". The signature is stylized with a large, sweeping "E" and a long, horizontal stroke extending to the right.

Efrain Rodriguez