

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 APR 24 AM 9:20

DEPARTMENT OF STATE
ALLAHASSEE, FLORIDA

DOCUMENT # P03000134781

1. Corporation Name

CITY GEAR, INC.

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

20505 S DIXIE HWY

Suite, Apt. #, etc.

UNIT 905

City & State

CUTLER BAY, FL

Zip

33189

Country

USA

3. Mailing Office Address

20505 S DIXIE HWY

Suite, Apt. #, etc.

UNIT 905

City & State

CUTLER BAY, FL

Zip

33189

Country

USA

REINSTATEMENT

11-13

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
11/18/2003

5. FEI Number

73-1686674

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

SAMER M HALUM

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

19518 SW 79TH CT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33157

800247197778
04/24/13--01022--023 **1085.00

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

Samer Halum

Date APRIL 19, 2013

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
PDT	HALUM, SAMER M	19518 SW 79TH CT	MIAMI, FL 33157
S	HALUM, MARY Y	19518 SW 79TH CT	MIAMI, FL 33157
			APR 24 2013
			S. PRATHER

10. E-mail Address: samhalum@gmail.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:

Samer Halum Samer Halum

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/13

(305) 206-3785

Date

Daytime Phone #