

# 2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F13000004922

**FILED**  
**Oct 06, 2014**  
**Secretary of State**

**Entity Name:** CITYSCAPES INTERNATIONAL, INC.

**Current Principal Place of Business:**

4200 LYMAN CT.  
HILLIARD, OH 43026

**New Principal Place of Business:**

**Current Mailing Address:**

4200 LYMAN CT.  
HILLIARD, OH 43026

**New Mailing Address:**

**FEI Number:** 34-1996794

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DUGGAN, GARY  
720 LENTZ RD.  
BELLEAIR BLUFFS, FL 33770 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GAY DUGGAN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CULLINAN, JAMES  
Address: 4200 LYMAN CT.  
City-St-Zip: HILLIARD, OH 43026

Title: SRVP  
Name: WADE, PAUL  
Address: 4200 LYMAN CT.  
City-St-Zip: HILLIARD, OH 43026

Title: CFO  
Name: WADE, PAUL  
Address: 4200 LYMAN CT.  
City-St-Zip: HILLIARD, OH 43026

Title: VP  
Name: CULLINAN, DAVID  
Address: 4200 LYMAN CT.  
City-St-Zip: HILLIARD, OH 43026

Title: VP  
Name: FALKENBACH, PAUL  
Address: 4200 LYMAN CT.  
City-St-Zip: HILLIARD, OH 43026

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAUL G. WADE

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Electronic Signature of Signing Officer or Director

SRVP

10/06/2014

\_\_\_\_\_  
Date