


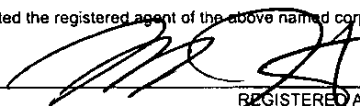
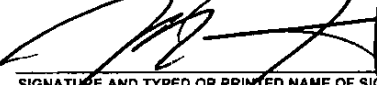
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 FEB 28 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/07)

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H22339			
1. Corporation Name Citadel Properties, INC			
2. Principal Office Address - No P.O. Box # 427 So. Main Street #315		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Cedar City, UTAH		City & State	
Zip 84720	Country USA	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 9/24/84		5. FEI Number 52-2457114	
		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Forich, LLC			
Street Address (P.O. Box Number is Not Acceptable) 1840 Coral Way 4th Floor			
Suite, Apt. #, Etc. #5			
City Miami		State FL	Zip Code 33145
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 		Date 2/28/08	
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
President	Michael Cirillo	427 So. Main Street #315	Cedar City, UT 84720
10. 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 contained in Chapter 119, F.S. The information provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE: 		Date 2/28/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR - Michael Cirillo		Daytime Phone #	

REINSTATEMENT
1988-2008