

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 16 AM 7:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P000000 27238**

1. Corporation Name
City One Lending Group, Corporation
9655 South Dixie S-117
Pinecrest, FL 33156

2. Principal Office Address
9655 South Dixie

Suite, Apt. #, etc.
117

City & State
Pinecrest, Florida

Zip
33156

Country
U.S.

3. Mailing Office Address
9655 South Dixie

Suite, Apt. #, etc.
117

City & State
Pinecrest, Florida

Zip
33156

Country
U.S.

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

03/10/00.

5. FEI Number
65-0999012

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
Paulina Lam

400030575814

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

9655 South Dixie Hwy Suite 117

Suite, Apt. #, Etc.

117

City
Pinecrest

State
FL

Zip Code
3315

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 **03/15/2004**

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
P	Paulina Lam	9655 South Dixie Hwy S. 117, Pinecrest	Pinecrest, FL 33156

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 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

Date

Daytime Phone #

(305) 6680898

CR2E081 (07/04)