

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -1 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000055530

1. Corporation Name

CITPRO CORPORATION

2. Principal Office Address
4613 N. University Dr.

3. Mailing Office Address
4613 N. University Dr.

Suite, Apt. #, etc.
#216

Suite, Apt. #, etc.
#216

City & State
Coral Springs, FL

City & State
Coral Springs, FL

Zip Country
33067 USA

Zip Country
33067 USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 06/08/2000

5. FEI Number
65-1095786

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **\$8.75 Additional Fee required
for a Certificate of Status**

500029593235
03/01/04--01044--009 **1058.75
REINSTATEMENT 02-04

7. Name and Address of Current Registered Agent

Name
Joseph W. Alford

Street Address (P.O. Box Number is Not Acceptable)
8511 NW 54th CT

Suite, Apt. #, Etc.

City
Lauderhill

State Zip Code
FL 33351

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

Joseph W. Alford

Date 02/23/04

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
D	Alford, Joseph W	8511 NW 54th CT	Lauderhill, FL 33351
P	Alford, Joseph W	8511 NW 54th CT	Lauderhill, FL 33351

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

Joseph W. Alford
Joseph W. Alford

02/23/04

Date

888-897-3700

Daytime Phone #

CR2E081 (01/04)