

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB 27 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000098829

1. Corporation Name

CITICOM TULSA, INC.

2. Principal Office Address

777 SOUTH FLAGLER DRIVE

Suite, Apt. #, etc.

SUITE 800

City & State

WEST PALM BEACH, FL

Zip

33401

Country

USA

3. Mailing Office Address

777 SOUTH FLAGLER DRIVE

Suite, Apt. #, etc.

SUITE 800

City & State

WEST PALM BEACH, FL

Zip

33401

Country

USA

200029746302
03/03/04--01013--022 **150.00
REINSTATEMENT 01-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/19/2000

5. FEI Number

65-1065274

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

ANTHONY M. BEYER

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

777 SOUTH FLAGLER DRIVE

Suite, Apt. #, Etc.

SUITE 800

City

WEST PALM BEACH

State
FL

Zip Code
33401

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

REGISTERED AGENT MUST SIGN

Date FEBRUARY 18, 2004

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
DPST	ANTHONY M. BEYER	777 S. FLAGLER DR., #800	WEST PALM BEACH, FL 33401

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: By  **PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

18 Feb 2004

561-835-4008

Daytime Phone #

CR2E081 (10/02)