

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN -1 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000026580

1. Corporation Name

CITY GENTS RENOVATION SERVICES

741000024093

2. Principal Office Address - No P.O. Box #

17567 84TH CRT N

Suite, Apt. #, etc.

3. Mailing Office Address

17567 84TH CRT N

Suite, Apt. #, etc.

City & State

LOXAHATCHEE FL

Zip

33470

Country

USA

City & State

LOXAHATCHEE FL

Zip

33470

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03-12-2001

5. FEI Number:

65-1087112

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

PAUL PRIESTLEY-I

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

14692 TANGERINE BLVD

Suite, Apt. #, Etc.

City

LOXAHATCHEE

State

FL

Zip Code

33470

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 05-10-10

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	PAUL PRIESTLEY	14692 TANGERINE BLVD	LOXAHATCHEE FL 33470

REINSTATEMENT

RH

600180987196

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10. E-mail Address: CITYGENTS @ GMAIL . COM

(To be used for future annual report notification)

11. 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. I further certify, 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

05-10-10

Date

954 812 8049

Daytime Phone #