

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000051863**

1. Corporation Name

CITY LINE MORTGAGE, INC.

Principal Place of Business

15402 SW 141 COURT
MIAMI FL 33177

Mailing Address

15402 SW 141 COURT
MIAMI FL 33177

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

75 S prospect Drive
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

75 S prospect Drive
Suite, Apt. #, etc.

City & State

Coral Gables FL

City & State

Coral Gables FL

Zip

33133

Country

US

Zip

33133

Country

US

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

05/24/2001

5. FEI Number

65-1107828

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| D | RODRIGUEZ, HANSEL | 15402 SW 141 COURT | MIAMI FL 33177 |
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800026910068
01/14/04 01023-002 **300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RODRIGUEZ, HANSEL
15402 SW 141 COURT
MIAMI FL 33177

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

1/7/04

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 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

Hansel Rodriguez

Date

1/7/04

Daytime Phone #

January 7, 2004

To whom it may concern:

In regards to the dissolution of my corporation, I feel this was wrongfully done for unknown reasons. I never received any information through mail or any telephone notification for that matter. I am a first year business owner and therefore, not quite aware of the common procedures followed with The Department of Corporations. My company is currently conducting business and I have no desire to dissolve it at this time. I am uncertain how this miscommunication occurred, but I wish to resolve this matter as soon as possible. I hope to reinstate my corporation without paying a penalty fee, and just following normal procedures for reinstatement. I understand that the procedure requires a certain fee and without doubt I will pay that amount. Please contact me with a response and instructions as soon as possible. I may be reached at 305-495-3118 or via email at nici1600@aol.com. I appreciate your time and hope to hear from you soon.

Sincerely,



Hansel Rodriguez
Cityline Mortgage