2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000077176

Entity Name: CITEDALE INVESTMENT GROUP, INC.

FILED Nov 15, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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99 NW 183RD STREET STE 106 99 NW 183RD STREET STE 131

MIAMI, FL 33169 MIAMI, FL 33169

Current Mailing Address: New Mailing Address:

99 NW 183RD STREET STE 106 99 NW 183RD STREET STE 131

MIAMI, FL 33169 MIAMI, FL 33169

FEI Number: 20-1096754 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FRANCOIS, LUCVENS 99 NW 183RD STREET MIAMI, FL 33169 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LUCVENS FRANCOIS

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: FRANCOIS, LUCVENS Name: GELIN, KENDALL
Address: 99 NW 183RD STREET STE 106 Address: 99 NW 183RD STREET STE 131

City-St-Zip: MIAMI, FL 33169 City-St-Zip: MIAMI, FL 33169

Otty-04-21p. Wildivil, 1 E 33109 Otty-04-21p. Wildivil, 1 E 3310

Title: V () Delete Title: V (X) Change () Addition
Name: PIERRE-I OUIS ALEX
Name: PIERRE-I OUIS ALEX

Name: PIERRE-LOUIS, ALEX
Address: 99 NW 183RD STREET STE 106

Name: PIERRE-LOUIS, ALEX
Address: 99 NW 183RD STREET STE 131

City-St-Zip: MIAMI, FL 33169 City-St-Zip: MIAMI, FL 33169

Title: () Delete Title: V () Change (X) Addition

 Name:
 Name:
 FRANCOIS, LUCVENS

 Address:
 Address:
 99 NW 183RD STREET 131

City-St-Zip: City-St-Zip: MIAMI, FL 33169

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUCVENS FRANCOIS V 11/15/2007