## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CITEDALE INVESTMENT GROUP, INC	<u> </u>	MENT-	Secretar	TMENT OF STATE  y of State corporations		FILED  10 FEB 11 AM 9: 46  SECRETARY OF STATE TALLAHASSEE, FLOSES	
CITEDALE INVESTMENT GROUP, INC  2. Pencepul Office Addresss - No P.O. Box # 99 NW 183RD STREET  50 Substantial STE. 131  City a State  MIAMI, FLORIDA  District Address 1 No P.O. Box with the state of Country  33169  US  33169  Country  33169  Country  7. Name and Address of Current Registered Agent  City Country  99 NW 183RD STREET  The 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. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.  P. Names and Street Addresses of Each Officer and/or Directors  P. Names and Street Addresses of Each Officer and/or Directors  P. Names and Street Addresses of Each Officer and/or Directors  P. Names and Street Addresses of Each Officer and/or Directors  Tries  Officers and/or Directors  Tries  Officers and/or Directors  Tries  Officers and/or Directors  Officers and/or Directors  To directors and/or Directors  The state of the street of the state of	The second of th					TALLAMASSEE, FLORIS	
99 NW 183RD STREET  Suite, Apt. 8, etc.  Suite, Apt. 8, etc.  STE. 131  STE. 131  City & State  MIAMI, FLORIDA  MIAMI, FLORIDA  Description of Country  Jay Count	Charles and the second					00168548255 [/1001032012 **450.00	
Suite, Ap. #. etc.  STE. 131  City & Striet  MIAMI, FLORIDA  MIAMI, FLORIDA  Dity & Striet  MIAMI, FLORIDA  Dity & Striet  Dity & Striet  MIAMI, FLORIDA  Disasterior of De Businesse in Florids 05/11/2004  STE. 1381  The 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 except 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  P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofil corporations must list at least 3 directors)  P. LUCVENS FRANCOIS  10. E-mail Address; THOMASEAKINS@HOTMAL.COM  To be used for future annual appointed the registered agent of the accessor of this application as provided for in dayler 607 of 617, F.S. I further certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in dayler 607 of 617, F.S. I further certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in dayler 607 of 617, F.S. I further certify that when fing this reinsulatement application, the reason for desided on the application is the requirement of section 607 0401 or 617, 401, F.S. I further certify that when fing this reinsulatement application is the requirement of section 607 0401 or 617, 401, F.S. I further certify that the mode of the control of the section of the receiver or trustee empowered to execute this application as provided for in dayler 607 or 617, F.S. I further certify that when fing this reinsulatement application is the rediscusted and the propriorate and the section of the rediscusted and the control of the rediscusted and the propriorate and manufactor and the propriorate and manufactor and manufactor and the propriorate and manufactor and manufactor and the propriorate a	*			Mailing Office Address NW 183RD STREET		STATEMENTOS-10	
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Name	-	,	1 '	1 -	6.	Secretaries Designed \$8.75 Additional Fee required	
Sireat Address (P.O. Box Number is Not Acceptable)  99 NW.183RD STREET  City MIAMI  State Zip Code MIAMI  Registered Agen Registered agent of the above named corporation, are familier with and accept the obligations of section 607 0505 or 617.0503, F.S.  Signature of Registered Agen Registered Agen Registered Agen Registered Agen Registered Agen Registered Address of Each Officer and/or Director City / State / Zip  P LUCVENS FRANCOIS 99 NW 183RD ST. STE131 MIAMI/FL/33169  10. E-mail Address: THOMASEAKINS@HOTMAIL.COM  To be used for future annual report notification  11. 1 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 filling this reinstatement application, the readen for discution has given the application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the readen for discount on the application is true and accurate and only signature static have the same legisle effect as if made under oath.  Stock Address of Each Officer and registered agen of the application is true and accurate and or or of 677, 640, F.S., that all lees over the true and accurate and only signature static have the same legisle effect as if made under oath.  Stock Agen Code Ag			of Current Registered Age	nt			
State   Zip Code   Zip	LUCVENS FRANCOIS  Street Address (P.O. Box Number is Not Acceptable)  99 NW 183RD STREET  Suite. Apt. #, Etc.				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		
Signature of Registered Agen.  REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Tritles  Name of Officers and/or Directors  Street Address of Each Officer and/or Director  Officer and/or Director  P LUCVENS FRANCOIS  99 NW 183RD ST. STE131  MIAMI/FL/333169  10. E-mail Address: THOMASEAKINS@HOTMAIL.COM  (To be used for future annual report notification)  11, 1 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 feen eliminaged, the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., that all fees owed by the corporation name been gaid. I further positify, 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:  10. 20/09/2010  786344-3097							
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip  P LUCVENS FRANCOIS 99 NW 183RD ST. STE131 MIAMI/FL/33169  10. E-mail Address: THOMASEAKINS@HOTMAIL.COM  (To be used for future annual report notification)  11. 1 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 name been agaid. 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 orath.  SIGNATURE:  LUCVENS FRANCOIS 2/09/2010 786344-3097	Signature of Registered Agent Date 02/09/2010						
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