
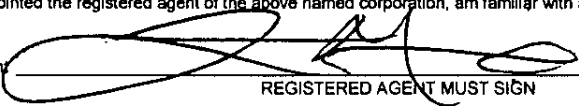
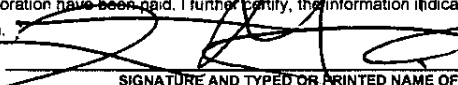


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																													
DOCUMENT # P04000077176																																	
1. Corporation Name CITEDALE INVESTMENT GROUP, INC																																	
2. Principal Office Address - No P.O. Box # 99 NW 183RD STREET Suite, Apt. #, etc. STE. 131 City & State MIAMI, FLORIDA Zip 33169 Country US		3. Mailing Office Address 99 NW 183RD STREET Suite, Apt. #, etc. STE. 131 City & State MIAMI, FLORIDA Zip 33169 Country US		REINSTATEMENT 08-10 GR2E081 (1/1/09)																													
4. Date Incorporated or Qualified To Do Business in Florida 05/11/2004				5. FEI Number 20-1096754																													
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																													
7. Name and Address of Current Registered Agent Name LUCVENS FRANCOIS Street Address (P.O. Box Number is Not Acceptable) 99 NW 183RD STREET Suite, Apt. #, Etc. STE. 131 City MIAMI State FL Zip Code 33169				<input checked="" type="checkbox"/> 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 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 02/09/2010 REGISTERED AGENT MUST SIGN																																	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																																	
<table border="1"><thead><tr><th>Titles</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>P</td><td>LUCVENS FRANCOIS</td><td>99 NW 183RD ST. STE131</td><td>MIAMI/FL/33169</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>						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																				
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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. 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:  LUCVENS FRANCOIS Date 2/09/2010 Daytime Phone # 786344-3097 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																	