

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 JAN 31 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 105000038025

1. Corporation Name

CITIWIDE INTERNATIONAL GROUP, INC

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

17495 NW 87 COURT

Suite, Apt. #, etc.

City & State

MIAMI, FL 33018

Zip

Country

3. Mailing Office Address

17495 NW 87 COURT

Suite, Apt. #, etc.

City & State

MIAMI, FL 33018

Zip

Country

REINSTATEMENT

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business In Florida

3/15/2005

5. FEI Number

☒ Applied For☐ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ALEJANDRO PERALTA

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

17495 NW 87 COURT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33018

☐ 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

REGISTERED AGENT MUST SIGN

Date 01/25/2008

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
P	ALEJANDRO PERALTA	17495 NW 87 COURT	MIAMI, FL 33018

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02/11/08--01005--023 **1050.00

10. 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 contained in Chapter 119, 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

01/25/2008 786-344-2888

Date

Daytime Phone #