

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000125098

1. Corporation Name

CITY2NET SOLUTIONS INC.

FILED

09 DEC 30 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-09

200164067282
12/30/09 - 01/02/10 **450.00

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

1906 N 45TH AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

1906 N 45TH AVE.

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

City & State

HOLLYWOOD, FL

Zip

Country

33021-4106

U.S.

Zip

Country

33021-4106

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

09/09/2005

5. FEI Number

20-3471029

☐ Applied For
☐ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

A1A REGISTERED AGENT INC.

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

Suite, Apt. #, Etc.

5647 110TH AVE. NORTH

City

ROYAL PALM BEACH

State

FL

Zip Code

33411



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 section 617.0503, F.S.

Signature of
Registered Agent

Lina J. Maki

REGISTERED AGENT MUST SIGN

PRESIDENT

Date

12/29/09

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
DP	DRAYTON, KYLE	1906 N 45TH AVE.	HOLLYWOOD, FL 33021-4106

10. E-mail Address: kyle@city2net.net

(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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:

Kyle Drayton

KYLE DRAYTON

(SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

12/16/09

Date

(954) 865-4247

Day time Phone

12/31/09