

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 AUG 11 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000047180

1. Corporation Name

CITY LITE TRANSPORT INC

**FILING CANCELLED
RETURNED CHECK**

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

A705 N FLAGLER DR

Suite, Apt. #, etc.

3. Mailing Office Address

A705 N FLAGLER DR

Suite, Apt. #, etc.

CR2E081 (11/10)

City & State

WEST PALM BEACH FL 33407

Zip
33407

Country

USA

City & State

WEST PALM BEACH FL 33407

Zip
33407

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

4.18.2007

5. FEI Number

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

WAYNE A ROBINSON

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

A705 N FLAGLER DR WEST PALM BEACH FL

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33407

300210968283
08/11/11--01026--004 **1200.00

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

Wayne Robinson

REGISTERED AGENT MUST SIGN

Date

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	WAYNE ROBINSON	A705 N FLAGLER DR	W. PALM BEACH FL 33407
VP	SYLVESTER BYNES	A705 N FLAGLER DR	W. PALM BEACH FL 33407

REINSTATEMENT

B. 8/12/11
08-11

10. E-mail Address:

CITYLITE2007@YAHOO.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Wayne Robinson