

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

14 FEB 11 AM 11:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # ~~XXXXXXXXXX~~ P10000027923

1. Corporation Name

Citywide Services, Inc  
16850-112 Collins Ave #516  
Sunny Isles, FL 33160

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

16850-112 Collins Ave

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

516

Suite, Apt. #, etc.

516

City & State

Sunny Isles, FL

City & State

Sunny Isles, FL

Zip

33160

Country

US

Zip

33160

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

4/1/2010

5. FEI Number

27-2274122

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

NO

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOSE ALVAREZ

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

16850-112 Collins Ave

Suite, Apt. #, Etc.

516

City

Sunny Isles

State

FL

Zip Code

33160

600256630186  
02/11/14--01021--003 \*\*1285.00

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

X

REGISTERED AGENT MUST SIGN

Date

1/31/14

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
DIR	JOSE ALVAREZ	16850-112 Collins Ave #516	Sunny Isles, FL 33160

REINSTATEMENT - 2011 - 2014

10. E-mail Address: CitywideSERVCS@bellsouth.net

(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. 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-763-1159