

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P12000075690

**FILED**  
**Oct 01, 2014**  
**Secretary of State**

**Entity Name:** CITY SLICKERS MANAGEMENT, INC.

**Current Principal Place of Business:**

552 NORTH ISLAND DRIVE  
GOLDEN BEACH, FL 33160 US

**New Principal Place of Business:**

**Current Mailing Address:**

552 NORTH ISLAND DRIVE  
GOLDEN BEACH, FL 33160 US

**New Mailing Address:**

**FEI Number:** 45-3567779

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SINGER, GLENN  
552 NORTH ISLAND DRIVE  
GOLDEN BEACH, FL 33160 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** GLENN SINGER

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** SINGER, GLENN  
**Address:** 552 NORTH ISLAND DRIVE  
**City-St-Zip:** GOLDEN BEACH, FL 33160 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** GLENN SINGER

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10/01/2014

Electronic Signature of Signing Officer or Director

Date