

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 DEC 12 AM 10:26

DOCUMENT # *P93000030522*

1. Corporation Name

Citywide Auto

200113085562
12/12/07--01049--005 **750.00

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
11030 Wiles Road

3. Mailing Office Address
11030 Wiles Road

Suite, Apt. #, etc.
104

Suite, Apt. #, etc.
104

City & State
Coral Springs

City & State
Coral Springs

Zip
33076

Country
USA

Zip
333076

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida **04/26/1993**

5. FEI Number
650490368

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
Jose Galindo

Street Address (P.O. Box Number is Not Acceptable)
8738 NW 19 Drive

Suite, Apt. #, Etc.

City
Coral Springs

State Zip Code
FL 33071

☒ 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

Date **12/10/2007**

REGISTERED AGENT MUST SIGN

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	Jose Galindo	8738 NW 19 Drive	Coral Springs, FL 33071
V	Terri Galindo	8738 NW 19 Drive	Coral Springs, FL 33071

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:

Jose Galindo **Jose GALINDO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/2007

Date

954-755-4890

Daytime Phone #