PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 SEP 16 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000035862 (0)

Corporate Name
CITLALI INTERNATIONAL, INC.

Principal Place of Business
104 Crandon Blvd.
Key Biscayne FL 33149

Mailing Address
104 Crandon Blvd.
Suite 309
Key Biscayne FL
33149

REINSTATEMENT 96-99

If information is incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable
NA
NA
Country

3. New Mailing Office Address, if Applicable
NA
Suite, Apt. #, etc.
NA
City & State
Zip
Country

4. Date Incorporated or Qualified To Do Business in Florida
05/17/93

5. FEI Number
65-0412477
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED
$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres/ VP Timothy P. Stickney	104 Crandon Blvd.,#309	Key Biscayne FL 33149
Sec/T Ernesto McIntee	2333 Brickell Ave.,#302	Miami FL 33129

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***1208.75 ***1208.75

8. Name and Address of Current Registered Agent
Timothy P. Stickney
104 Crandon Blvd., Suite 309
Key Biscayne FL 33149

9. Name and Address of New Registered Agent
Name
Same
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State FL
Zip Code

CR2E081 (12/98)

To the best of my knowledge, I am the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of New Registered Agent
REGISTERED AGENT MUST SIGN
Date 09/15/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☑ No ☐
(See other side for information on intangible tax.)

I am a corporate 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 application for reinstatement, 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 due the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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: Timothy P. Stickney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/15/99
Date

305 341-8059
Daytime Phone #