PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 DEC 22 AM 11:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000080338**

1. Corporation Name

CITADEL REALTY, INC.

Principal Place of Business	Mailing Address
200 S. INDIAN RIVER DR. 203 FT. PIERCE FL 34950 US	7708 HOLLOWPAW ROAD FORT PIERCE FL 34951

REINSTATEMENT 97.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

3. New Mailing Office Address, If Applicable

4263 SE BRITTNEY CIR
Suite, Apt. #, etc.
PORT ST LUCIE
City & State
FLORIDA
Zip 34952 | Country ST LUCIE

4. Date Incorporated or Qualified To Do Business in Florida: 10/31/1994

5. FEI Number: 65-0543424 | 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	DECKER, ANN	C/O 7708 HOLLOWPAW ROAD	FORT PIERCE FL 34951
VPS	FERNANDEZ, MICHAEL	7780 HOLOPAW AVE.	FORT PIERCE FL

300002381823--7
-12/24/97--01083--017
****750.00 ****750.00

8. Name and Address of Current Registered Agent

JOHNS, LYNN P ESQ.
224 DATURA STREET STE. 809
WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name: MICHAEL V FERNANDEZ
Street Address (P.O. Box Number Is Not Acceptable): 4263 SE BRITTNEY CIRCLE
Suite, Apt. #, Etc.:
City: PORT ST LUCIE | State: FL | Zip Code: 34952

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: _____ REGISTERED AGENT MUST SIGN

Date: 11/10/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. PAID Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 11/10/97

Daytime Phone #: 561-335-[illegible]

CR2E040 (8/97)