

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

DOCUMENT #P95000005364

1. Corporation Name

CITY ELECTRONICS, INC.

97 MAY -2 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2742 BISCAYNE BLVD.
MIAMI, FL. 33137

Mailing Address

REINSTATEMENT 96-97

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

2. New Principal Office Address, If Applicable
2742 BISCAYNE BLVD.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
2742 BISCAYNE BLVD.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

01-20-95

5/2/97

5. FEI Number

65-0549182

Applied For

Not Applicable

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33137

Country
USA

Zip
33137

Country
USA

6. CERTIFICATE OF STATUS DESIRED ☐

STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	PINEDA, DAVID	10321 PINES BLVD.	PEMBROKE PINES, FL 33026

600002173276--7
-05/09/97--01097--011
****915.00 ****915.00

8. Name and Address of Current Registered Agent

Sevgio Stiberman
2001 NW 93 RD.
Miami, FL 33172

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 4-28-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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 taxes 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:

David E. Pineda
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-97

Date

597-7700

Daytime Phone #

CP 25043 (12/95)