

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

98 DEC -1 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000015701

1. Corporation Name

CITY ADVERTISING & PUBLIC RELATIONS GROUP, INC.

Principal Place of Business

Mailing Address

210 N. UNIVERSITY DR.
SUITE 502
CORAL SPRINGS FL 33071

210 N. UNIVERSITY DR.
SUITE 502
CORAL SPRINGS FL 33071



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. #247

Suite, Apt. #, etc. Ste 111

1729 East Commercial Blvd.

3015 N. Ocean Blvd

Fort Lauderdale Fla

Fort Lauderdale Fla

Zip 33334 Country Broward

Zip 33308 Country Broward

4. Date Incorporated or Qualified To Do Business in Florida

02/24/1995

5. FEI Number

65-0558391

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	SALOMONE, JEANNE	210 N. UNIVERSITY DR. - #502	CORAL SPRINGS FL 33071
		2614 S.E. 10th STR	Pompano Beach Fla 33062
			330002707533-9
			-12/09/98--01074--029
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SALOMONE, JEANNE
210 N. UNIVERSITY DR.
SUITE 502
CORAL SPRINGS FL 33071

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/24/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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

11/24/98 954-561-9102

Date

Daytime Phone #

CR2040 (9/98)

Jeannie m Salomone
City Advertising & Public Relations Group Inc.,

November 23, 1998

To Whom This May Concern:

In April of 1997 I dismissed the account that I was using for the corporation. At that time I sent letters to everyone that I knew he had mailing him my corporation mail and changed the address. Unfortunately you did not receive your letter and the corporate state license never was received at the new address, but still sent to the accountants address. unfortunately he did not forward them to me until he received this reinstatement form. As per my conversation with your office today please find my check in the amount of 150.00 and the application with the new address. I thank you for your help in this matter, and I am very sorry for any inconvenience.

Respectfully Yours,

Jeannie m Salomone, Pres.