

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000097112

1. Corporation Name

CIFCO, INC.

Principal Place of Business

Mailing Address

4737 N.W. 103 AVE. BAY 7  
SUNRISE FL 33351  
US

4737 N.W. 103 AVE. BAY 7  
SUNRISE FL 33351  
US

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

2. New Principal Office Address, If Applicable

4767 NW 103 AVE. #22

Suite, Apt. #, etc.

SUNRISE FL

City & State

3. New Mailing Office Address, If Applicable

4767 NW 103 AVE. #22

Suite, Apt. #, etc.

SUNRISE FL

City & State

Zip

33351

Country

US

Zip

33351

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

12/18/1995

5. FEI Number

65-0639973

☒ 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	4 City / State / Zip
PS	CIFONE, JOSE	4594 N. HIATUS RD.	SUNRISE FL 33351

8. Name and Address of Current Registered Agent

CIFONE, JOSE V  
227 LAKEVIEW DR APT 205  
WESTON FL 33326

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

01/07/2004

11. 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

01/07/2004

Date

954.7486505

Daytime Phone #

CP2E040 (7/03)