

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC -6 PM 4:52

DOCUMENT # P97000052309

1. Corporation Name

CITY DETAILS INC

2. Principal Office Address

1865 SW 4 AVENUE

Suite, Apt. #, etc.

D 10

City & State

DELRAY BEACH FL

Zip

33444

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0763291

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GREGORY ROLLAND

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

74 CITRUS PARK LANE

Suite, Apt. #, Etc.

City

BOYNTON BEACH

State

FL

Zip Code

33436

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

11-21-01

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPST	GREGORY ROLLAND	74 CITRUS PARK LANE	BOYNTON BEACH FL 33436

10. 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)(f), 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] GREG ROLLAND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-21-01

Date

961 276 7200

Daytime Phone #



Alex Alijewicz, CPA, P.A.

14105 Tecoma Drive

Wellington, Florida 33414

Phone (561) 792-3033

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Member Florida Institute of CPA's

Member Illinois CPA Society

November 16, 2001

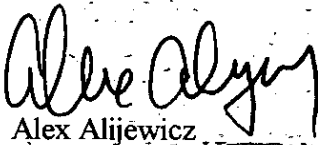
Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 2314

RE: City Details, Inc.
Document #P97000052309

Enclosed is a Corporation Reinstatement form along with a check for \$600 to cover the filing fees for the above named corporation's 1998, 1999, 2000 and 2001 annual reports. We are requesting an abatement of any reinstatement fee that may be charged as the business address was changed during 1997 and the annual reports for the last four years were mailed to the old address and not forwarded. No one was aware the annual reports were not filed until very recently when the taxpayer tried to open a new business bank account.

Thank you.

Yours truly,


Alex Alijewicz