

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 15 AM 9:19

DOCUMENT # P98000098342

1. Corporation Name

CITIMORTGAGE & INVESTMENT, INC.

Principal Place of Business

175 FONTAINBLEAU BLVD.  
#2A3  
MIAMI FL 33172

Mailing Address

175 FONTAINBLEAU BLVD.  
#2A3  
MIAMI FL 33172

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

2. New Principal Office Address, If Applicable

N/A

3. New Mailing Office Address, If Applicable

N/A

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

N/A

City & State

N/A

Zip

N/A

Country

N/A

Zip

N/A

Country

N/A

4. Date Incorporated or Qualified  
To Do Business in Florida

11/23/1998

5. FEI Number

65-0877714

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
D	ENRIQUEZ, MANUEL	175 FONTAINBLEAU BLVD.	MIAMI FL 33172
D	ENRIQUEZ, ENRIQUEZ JR.	175 FONTAINBLEAU BLVD.	MIAMI FL 33172

8. Name and Address of Current Registered Agent

ENRIQUEZ, MANUEL  
175 FONTAINBLEAU BLVD.  
#2A3  
MIAMI FL 33172

9. Name and Address of New Registered Agent

Name  
N/A  
Street Address (P.O. Box Number is Not Acceptable)  
N/A  
Suite, Apt. #, Etc.  
N/A  
City  
N/A  
State  
FL  
Zip Code  
N/A

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

Manuel Enriquez (MANUEL ENRIQUEZ)

Date 10/13/99

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

ENRIQUEZ ENRIQUEZ JR.

Date

10/13/99

Daytime Phone #

305-229-2070