

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 17 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P98000098342

1. Corporation Name

CitiMORTGAGE & Investments INC.

2. Principal Office Address

155 FOUNTAINVIEW BND.

Suite, Apt. #, etc.

2-A-3

City & State

MIAMI

Zip

33172

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

100023869761

10/17/03--01016--020 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

11/98

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. Name and Address of Current Registered Agent

Name

ENRIQUE ENRIQUEZ JR.

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

6215 W. 20TH AVE APT 414

Suite, Apt. #, Etc.

APT 414

City

HIALEAH

State

FL

Zip Code

33172

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

REGISTERED AGENT MUST SIGN

Date 10/14/03

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
P	ENRIQUE ENRIQUEZ JR.	6215 W. 20TH AVE	HIALEAH / FL / 33172
VP	MANNY ENRIQUEZ	17921 NW 85TH AVE	MIAMI / FL / 33015

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)(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:

ENRIQUE ENRIQUEZ

Date

10/17/03

Daytime Phone #

305-229-2000

CR2E081 (10/02)