

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 FEB 23 AM 9:36

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 799000051912

1. Corporation Name

CITIFIRST CORP.

2. Principal Office Address

149 Harbor Drive

Suite, Apt. #, etc.

City & State

Key Biscayne FL

Zip

33149

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/04/1999

5. FEI Number

65-0927199

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

Patrice M. Scemana

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

149 Harbor Drive

Suite, Apt. #, Etc.

City

Key Biscayne

State

FL

Zip Code

33149

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

Date **02/20/2001**

REGISTERED AGENT MUST SIGN

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
President	Patrice M. Scemana	149 Harbor Drive	Key Biscayne FL 33149

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:

Patrice M. Scemana

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 20, 2001 786-489-7881

Date

Daytime Phone #

CR2E081 (9/00)

December 7, 2000

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Secretary of State
Division of Corporations
P.O. Box 6397
Tallahassee, FL 32314

Re: Citifirst Corp. Doc Number 99000051912

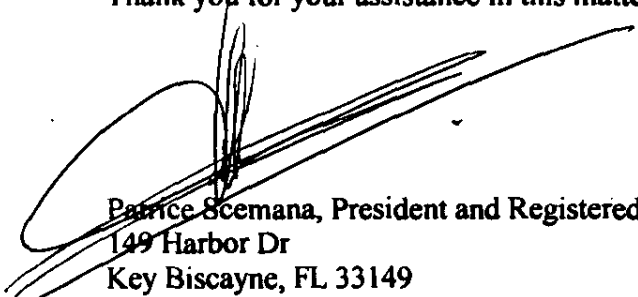
This is to bring to your attention that I have not received the documents for the Annual Report for this year.

I did a search via Sunbiz.Org and discovered that you still have my old address, and perhaps that is the reason why I did not receive the documents.

Please let me know what I should do.

My current address is 149 Harbor Drive, Key Biscayne, FL 33149.

Thank you for your assistance in this matter.



Patrice Scemana, President and Registered Agent
149 Harbor Dr
Key Biscayne, FL 33149

TEL: 786 489 7881

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