

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 APR -4 AM 4:46

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N03000006495

1. Corporation Name

Citrus Park Commons Association, Inc.

will- 16592

REINSTATEMENT 05-11

2. Principal Office Address - No P.O. Box #  
2001 S.E. Tenth Street

Suite, Apt. #, etc.

City & State  
Bentonville, AR

Zip Country  
72716-5525 USA

3. Mailing Office Address  
2001 S.E. Tenth Street

Suite, Apt. #, etc.

City & State  
Bentonville, AR

Zip Country  
72716-5525 USA

200199046042  
03/23/11--01004--014 \*\*\$42.50

CR20081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida 07-17-2003

5. FEI Number  Yes  No

6. CERTIFICATE OF STATE DESIRES  YES  NO

7. Name and Address of Current Registered Agent

Name  
CT Corporation Systems

Street Address (P.O. Box Number is Not Acceptable)  
1200 S. Pine Island Road

Suite, Apt. #, Etc.

City, State, Zip Code  
Plantation FL 33324

200199046042  
04/04/11--01004--027 \*\*\$61.25

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0501 or 617.0501, F.S.

Signature of Registered Agent *Barbara A. Burke* Special Assistant Secretary Date 1-25-11

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
D	Karen Benson	2001 S.E. Tenth Street	Bentonville, AR 72716-5525
D	Barri Tulgetske	2001 S.E. Tenth Street	Bentonville, AR 72716-5525
D	Nick Goodner	2001 S.E. Tenth Street	Bentonville, AR 72716-5525

10. E-mail Address: karen.benson@wal-mart.com

(To be used for future annual report notification)

I hereby certify that the information furnished herein is true and correct, and that the corporation has been organized in accordance with the provisions of section 607.0501 or 617.0501, F.S., and that all fees owned by the corporation have been paid. If not a party, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony, as provided for in s. 817.155, F.S.

SIGNATURE: *Karen Benson* Date 3/10/11 Daytime Phone # 479-273-4065

SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/11