

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

02 OCT -2 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

339069

1. Corporation Name

Safety Harbor Citrus Community, Inc

300008182343--4

-10/03/02--01021--010

\*\*\*1950.00 \*\*\*1950.00

**REINSTATEMENT** 94-02

2. Principal Office Address

1250 Cedar Street

3. Mailing Office Address

1250 Cedar Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Safety Harbor, FL

City & State

Safety Harbor, FL

Zip

34695

Country

USA

Zip

34695

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/17/1968

5. FEI Number

59-1275511

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

Whitter, Laura

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

1250 Cedar St

Suite, Apt. #, Etc.

City

Safety Harbor

State

FL

Zip Code

34695-2933

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

*Laura Whitter*  
REGISTERED AGENT MUST SIGN

Date

9/29/02

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/S/T	Whitter, Laura	1250 Cedar St	Safety Harbor, FL 34695

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:

*Laura Whitter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/29/02

Date

727/726-2032

Daytime Phone #

CR2E081 (9/01)

9/29/02