

APPLICATION FOR  
REINSTATEMENT  
FOR  
LIMITED PARTNERSHIP



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

DOCUMENT # **A9500000977**

1. Name of Limited Partnership

CITRA SCIENCE LTD.

FILED

99 JUN 23 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Mailing Address  
**c/o VIN-DOTCO, INC**

3. Principal Office Address  
**c/o VIN-DOTCO, INC.**

4. Date Formed or Registered  
To Do Business in Florida **6/27/95**

Suite, Apt. #, etc.  
**2875 MCI Drive**

Suite, Apt. #, etc.  
**2875 MCI Drive**

5. FEI Number  
**65-0485544**

Applied For

City & State  
**Pinellas Park, FL**

City & State  
**Pinellas Park, FL**

Not Applicable

Zip Country  
**33782 USA**

Zip Country  
**33782 USA**

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

7. State or Country of Formation **Florida**

8a. Capital Contributions as Shown  
on Record **750,000.00**

8b. Amount of Capital Contributions in  
FLORIDA to date

**FEES:** 1) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.  
2) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.  
3) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.  
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Agent and Secretary of the Partnership

10. If changed, new registered agent/office

**Steven A. Sciarretta, PA.**  
2300 Glades Road, Suite 302E  
Boca Raton, FL 33431

Name **CONNIE DOTOLO**  
Street Address (P.O. Box Number Is Not Acceptable)  
**2875 MCI Drive**  
Suite, Apt. #, etc.  
City **PINELLAS PARK** FL **33782**

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of section 620.192, Florida Statutes.

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Names of General Partner(s)

Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

City, State and Zip Code

11a. Registration  
Document Number

**Vincent A. Dotolo**

**2674 Heron Lane  
South**

**Clearwater, FL 34622**

**Corneeltje C.  
Dotolo**

**2674 Heron Lance  
South**

**Clearwater, FL 34622**

**3000002892513--6**  
**-06/02/99--01052--003**  
**\*\*\*1026.25 \*\*\*1026.25**

**REINSTATEMENT**

**99**

**5-6-23-99**

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

**Corneeltje C. Dotolo**

DATE **5-25-99**

Typed or Printed Name of General Partner Signing Form

Telephone Number

CR2E039 (12/98)