

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAY -4 PM 12:43

DOCUMENT # *F07000004551*

1. Corporation Name

Citizens State Bank (Georgia)

2. Principal Office Address - No P.O. Box #

201 East King Ave.

3. Mailing Office Address

P.O. Box 1355

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

Kingsland, GA

City & State

Kingsland, GA

Zip

Country

31548

United States

Zip

Country

31548

United States

4. Date incorporated or Qualified
To Do Business in Florida

12/17/1980

5. FEI Number

580532517

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

Betty Crosby

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

715 Centre Street

Suite, Apt. #, Etc.

City

Fernandina Beach

State

FL

Zip Code

32034

PROFIT CORPORATIONS ONLY

☐ The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 04/26/2010

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
Sr.VP	Betty Crosby	201 East King Ave.	Kingsland, GA 31548
VP	Lisa Browning	201 East King Ave.	Kingsland, GA 31548
Dir.	Paul Bennett	201 East King Ave.	Kingsland, GA 31548

10. E-mail Address: betty@csbbanks.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

Betty Crosby

Betty Crosby

4-28-10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #