


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F99000002000		
1. Entity Name COAST CITRUS DISTRIBUTORS, INC.		

Principal Place of Business 13855 S.W. 252 STREET HOMESTEAD, FL 33032	Mailing Address 13855 S.W. 252 STREET HOMESTEAD, FL 33032
---	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
FREELAND, ISABEL C 13855 S.W. 252 STREET HOMESTEAD, FL 33032	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
State FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: <i>Isabel C. Freeland</i>	DATE: 10/10/2005
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PCOB <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, JAMES	NAME	100060634981
STREET ADDRESS	7597 BRISTOW COURT	STREET ADDRESS	10/14/05--01072--017 **158.75
CITY-ST-ZIP	SAN DIEGO, CA	CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREELAND, ISABEL C	NAME	
STREET ADDRESS	7597 BRISTOW COURT	STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO, CA	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARK, TODD	NAME	
STREET ADDRESS	250 EAST FIFTH STREET	STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI, OH	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, MARGARITA L	NAME	
STREET ADDRESS	7597 BRISTOW COURT	STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO, CA	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREYBERGER, KURT	NAME	
STREET ADDRESS	250 EAST FIFTH STREET	STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI, OH	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Isabel C. Freeland, V.P.</i>	DATE: 10/10/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

FILED

2005 OCT 14 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10102005 REIN-P CR2E098 (6/04)

4. FEI Number 95-1628554	Applied For
	Not Applicable

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	--------------------------------

10/19/05