

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 NOV 18 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000006251

1. Corporation Name

CITRUSPLANET.COM, INC.

Principal Place of Business

4831 WESTERN AVE.
WASHINGTON DC 20016

Mailing Address

4831 WESTERN AVE.
WASHINGTON DC 20016



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/03/1999

Suite, Apt. #, etc.

68 MONTADALE DRIVE

Suite, Apt. #, etc.

68 MONTADALE DRIVE

City & State

PRINCETON, NJ

City & State

PRINCETON, NJ

Zip

08540

Country

U.S.A.

Zip

08540

Country

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CD	ROGERS, CALVIN W	4831 WESTERN AVE NW 113 YORK DRIVE	WASHINGTON DC 20016 PRINCETON, NJ 08540
CD	SMITH, DAVID M	68 MONTADALE DRIVE	PRINCETON, NJ 08540 PRINCETON, NJ 08540
D	ROGERS, AMY S	4831 WESTERN AVE NW 113 YORK DRIVE	WASHINGTON DC 20016 PRINCETON, NJ 08540
D	WHITE, WALKER	4822 QUEBEC STREET, N.W.	WASHINGTON DC 20016

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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 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:

SIGNATURE REQUIRED
CALVIN W. ROGERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/02

Date

609 4970960

Daytime Phone #



68 Montadale Drive
Princeton, NJ 08540
877.978.1309
877.252.5233 fax
202.262.2260 cell
custserv@citrusplanet.com

November 14, 2002

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

As the enclosed form indicates, Citrusplanet.com, Inc. has moved and the Uniform Business Report did not arrive. Enclosed is a check for \$150.00 for this year's report.

Please contact me with any questions you may have.

Sincerely,

Calvin W. Rogers
President and Founder
crogers@citrusplanet.com
(877) 978-1309