

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(941) 676-1123

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

EST. NOV 21 PM 1:42

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # G66509

1. Corporation Name

C.P. CITRUS GROVES, INC.

Principal Place of Business

Mailing Address

2600 BARRACKS ROAD
THE COLONNADES, APT. 295
CHARLOTTESVILLE VA 22901
US

2600 BARRACKS ROAD
THE COLONNADES, APT. 295
CHARLOTTESVILLE VA 22901
US

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

10/26/1983

8501 Cathedral Forest

8501 Cathedral Forest

Suite, Apt. #, etc. Drive

Suite, Apt. #, etc. Drive

5. FEI Number

54-1255796

Applied For

Not Applicable

City & State
Fairfax Station, VA

City & State
Fairfax Station, VA

Zip
22039

Country
USA

Zip
22039

Country
USA

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	PERRY, CHESTER K.	2600 BARRACKS ROAD, STE. A295 900 N. Taylor St.	CHARLOTTESVILLE VA Arlington, VA 22203
P	PERRY, CAROLINE	2600 BARRACKS ROAD, STE. A295	CHARLOTTESVILLE VA
S	Valentine, Caroline	8501 Cathdral Forest Dr.	Fairfax Station, VA
<p>600002958106-7 -11/26/97--01090-011 ***750.00 ***750.00</p>			
<p>REINSTATEMENT 97 SEC 11-21-97</p>			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NELSON, R.T., JR.
225 EAST PARK AVENUE
LAKE WALES FL 33853

Name

Hunt, Andrew

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

225 East Park Avenue

Suite, Apt. #, Etc.

City
Lake Wales

State
FL

Zip Code
33853

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.

Signature of
Registered Agent

[Signature]

Date 11/14/97

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

paid

(See other side for information
on intangible tax.)

12. 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:

Carolee K. Valentine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov. 12, 1997 903-324-2345

Date Daytime Phone #

CR2040 (8/97)