

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
96 DEC -2 PM 4:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J47142

1. Corporation Name

MASTER CITRUS, INC.

Principal Place of Business

8730 87th Street  
Wabasso, FL 32970

Mailing Address

Post Office Box 245  
Wabasso, FL 32970

REINSTATEMENT 95-90

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable  
N/A

3. New Mailing Address, If Applicable  
N/A

4. Date Incorporated or Qualified  
To Do Business in Florida 12/11/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number  
59-2739476

Applied For  
Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

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, V, D	Phillip Glaab	Post Office Box 245 N/A	Wabasso, FL 32970
S, T, D	Lance H. Glaab	Post Office Box 245 N/A	Wabasso, FL 32970

200002019312--2  
12/04/96 01051 011  
\*\*\*\*575.00 \*\*\*\*575.00

8. Name and Address of Current Registered Agent

ROBERT L. PEGG  
1428 21st Street  
Vero Beach, FL 32960

9. Name and Address of New Registered Agent

Name  
N/A  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City  
State  
FL Zip Code

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]*

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

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 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., and that all fees owed by the corporation have been paid. 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]* Phillip A. Glaab

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(561) 589-5077

Daytime Phone #