

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01938

1. Corporation Name

CITRONELLE DEVELOPMENT INC

2. Principal Office Address

10750 W KILLARNEY LN

Suite, Apt. #, etc.

City & State

CRYSTAL RIVER, FL

Zip

34428

Country

USA

3. Mailing Office Address

SAME AS #2

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

7/12/89

5. FEI Number

59-2957647

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

JAMES C. HOBBS III

800003146358-3

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

10750 W KILLARNEY LN

-02/24/00-01058-023

****308.75 ****308.75

Suite, Apt. #, Etc.

City

Crystal River

State
FL

Zip Code

34428

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 2/10/00

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
P, T	JAMES C HOBBS III	10750 W Killarney Ln	Crystal River, FL 34428
V, S	DEENA B HOBBS	10750 W Killarney Ln	Crystal River, FL 34428
			KE

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES C. HOBBS III

2/10/00

Date

352-563-0597

Daytime Phone #

CR2E081 (9/99)

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I did not find out until preparing my 1999 taxes that my check to Div. of Corp last year was not cashed. It must have gotten lost in the mail. The person I spoke with at Div of Corp. said to make the check out for \$300.00 for last year and this year.

Thanks
Jay