

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

1. DOCUMENT # L99000007620

Name and Mailing Address

0006639 01 FP 0.352 \*\*PRSRT TO 0 0615 33823-496398



FLORIDA CITRUS, LLC  
2698 STATE ROAD 542 WEST  
AUBURNDALE FL 33823-4963

02 DEC -2 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. New Mailing Address

City, State, Zip

Principal Place of Business

2698 STATE ROAD 542 WEST  
AUBURNDALE FL 33823

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

11/10/1999

6. FEI Number

59-3750936

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

BEARD, CARL R  
2698 STATE ROAD 542 W  
AUBURNDALE FL 33823

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/19/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	BEARD, CARL R	2698 STATE ROAD 542 WEST	AUBURNDALE FL 33823

500009237085  
12/02/02--01049--002 \*\*150.00

REINSTATEMENT 2002

BK

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of  
Managing Member/Manager

Date

11/19/02

Daytime Phone #

803-967-3958

Typed or printed name of signing Managing Member/Manager

CARL BEARD

CR2E084 (8/02)