

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # M02261

1. Corporation Name

SUN CITRUS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O 1180 N. FEDERAL HWY
POMPANO BEACH FL 33062
US

C/O 1180 N. FEDERAL HWY
POMPANO BEACH FL 33062
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

06/28/1984

5. FEI Number

59-2436615

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)

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
STD RD	MASSINGILL, JOAN	1180 N.FEDERAL HWY.	POMPANO BCH. FL
D	ZUCKER, ROBERT A	7481 NW 4TH ST	PLANTATION FL
D	ROTH, BOB	5660 GRIFFIN RD.	DAVIE FL
D	CUSHMAN, ALLEN	3325 FOREST HILL BLVD.	W.PALM BCH. FL
PD D	SPICE, ROBERT R JR	7250 GRIFFIN ROAD	FT. LAUDERDALE FL
STD	CUSHMAN, JOHN	3325 FOREST HILL BLVD.	WEST PALM BCH FL

8. Name and Address of Current Registered Agent

MASSINGILL, JOAN
1180 N. FEDERAL HWY
POMPANO BEACH FL 33062

9. Name and Address of New Registered Agent

Name

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

400002703364--2

Suite, Apt. #, Etc.

-12/04/98-01073-001

City

***750.00 ***750.00

State

Zip Code

FL

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

Joan Massingill REQUIRED
REGISTERED AGENT MUST SIGN

Date

Nov 24, 1998

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

Yes ☒ No ☐

(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 filling 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:

Joan Massingill REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-782-2687 OR
Nov 24, 1998 941-4528

CR2ED40 (9/98)