

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 MAR 20 AM 8:47

SEC. STATE
TALLAHASSEE, FLORIDA

DOCUMENT # m66125

1. Corporation Name

Orange Blossom Citrus, Inc.

2. Principal Office Address

2255 US Hwy 17-92 N.
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 2614
Suite, Apt. #, etc.

City & State

Haines City, Florida

City & State

Haines City, FL

Zip
33844

Country
USA

Zip
33845

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

1-25-88

5. FEI Number

592871182

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

Hinson McTeer

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

304 Crest Drive

Suite, Apt. #, Etc.

City

Haines City

State
FL

Zip Code

33844

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

[Signature]

Date 3-17-06

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/D	Hinson McTeer	304 Crest Drive	Haines City, FL 33844
V.P.	Agnes McTeer	304 Crest Drive	Haines City, FL 33844
S/H	Pam Causey	17 Pine Forest Lane	Haines City, FL 33844

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04/14/06 01023 025 **1858.75

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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-06

Date

863-422-4872

Daytime Phone #

Hinson McTeer Pres.