

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



APPROVED
AND
FILED

98 NOV 19 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M77515

1. Corporation Name

HOLLEY CITRUS CORP.

Principal Place of Business

Mailing Address

2790 GENTILE ROAD
FT. PIERCE FL 34945

2790 GENTILE ROAD
FT. PIERCE FL 34945

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

4. Date Incorporated or Qualified To Do Business in Florida

04/22/1988

5. FEI Number

65-0068544

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
OD	MARTIN, HARVEY	RT. 1 BOX 256-A COCHRAN	ALICEVILLE FL
OD	HOLLEY, PAULA	2790 GENTILE RD	FT PIERCE FL

100002699681-8
-12/02/98--01001--009
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PAPY, STEPHEN A.
66 WEST FLAGLER STREET
PENTHOUSE
MIAMI FL 33130

Name

RICKEY L. FARRELL, ESQ

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

1895 SE PORT ST LUCIE BLVD

Suite, Apt. #, Etc.

City

PORT ST LUCIE

State

FL

Zip Code

34956

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]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/16/98

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 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)(f), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-16-98

Daytime Phone #

561-4615977

CR2E040 (9/98)