PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
96 DEC -9 AM 10: 22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **M83354**

1. Corporation Name

W/W CITRUS COMPANY

Principal Place of Business	Mailing Address
~~1955 E.F. GRIFFEN RD.~~ ~~P.O. BOX 2186~~ ~~BARTOW FL 33830~~	~~1955 E.F. GRIFFEN RD.~~ ~~P.O. BOX 2186~~ ~~BARTOW FL 33830~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 96.00

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
6700 S. Florida Avenue	P O Box 6420
Suite, Apt. #, etc.: Suite #6	Suite, Apt. #, etc.:
City & State: Lakeland, Florida	City & State: Lakeland, Florida
Zip: 33813 Country: USA	Zip: 33807 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/01/1988

5. FEI Number: 59-2893030 ☐ 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
~~D~~	~~ELLSWORTH, KENT C.~~	~~1955 E F GRIFFIN RD~~	~~BARTOW FL~~
PD	ELLSWORTH, W. WM., JR.	6700 S. Florida Avenue Suite #6	Lakeland, Florida 33813
VPD	ELLSWORTH, S. M.	6700 S. Florida Avenue Suite #6	Lakeland, Florida 33813
STD	BADCOCK, M. E.	6700 S. Florida Avenue Suite #6	Lakeland, Florida 33813
			600002024576--1
			-12/10/96--01072--015
			****375.00 ****375.00

8. Name and Address of Current Registered Agent

~~ELLSWORTH, KENT C.~~
~~1955 E F GRIFFIN RD~~
~~BARTOW FL 33830~~

9. Name and Address of New Registered Agent

Name: ELLSWORTH, W. WM., JR.
Street Address (P.O. Box Number is Not Acceptable): 6700 S. Florida Avenue
Suite, Apt. #, Etc.: Suite #6
City: Lakeland State: FL Zip Code: 33813

CR2E040 (7/96)

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: W. Wm. Ellsworth, Jr. SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN
Date: 12/5/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(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: W. Wm. Ellsworth, Jr. SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
W. Wm. Ellsworth, Jr., President
12/5/96 (941) 644-9197
Date Daytime Phone #

0081220 AP