

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

3/28/03 90098 027 *61.25
9/10/03 90052 045 *61.25
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 11 AM 8:00

DOCUMENT # **N02000003253**

1. Corporation Name

THE CITRUS SQUARE APARTMENTS RESIDENT ASSOCIATION INCORPORATED

Principal Place of Business

Mailing Address

5625 HICKEY DR
ORLANDO FL 32822

5625 HICKEY DR
ORLANDO FL 32822

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

03



100025416531

4. Date Incorporated or Qualified To Do Business in Florida

04/30/2002

5. FEI Number

☒ 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 3	City / State / Zip 4
P	SMITH, VERGIE	4160 JOHNS CT	ORLANDO FL 32822
V	TOLAR, JOHNNIE	5618 HICKEY DR	ORLANDO FL 32822
S	O'NEILL, MIRIAM	4189 LILLIAN CT	ORLANDO FL 32822
T	OSORNO, NEILY	5657 MERRITT CT	ORLANDO FL 32822
T	ROBINSON, JACQUELINE	4199 LILLIAN CT	ORLANDO FL 32822

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SMITH, VERGIE
5625 HICKEY DR
ORLANDO FL 32822

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

VERGIE SMITH
REGISTERED AGENT MUST SIGN

Date **10-14-03**

11. 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:

VERGIE SMITH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/03
Date

Daytime Phone #

CR2E040 (7/03)