

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
OK

DOCUMENT # N08249

1. Corporation Name

RESIDENTS' ASSOCIATION OF CITRUS CENTER
COLONY, INC.

2. Principal Office Address

20 Murecott ST

Suite, Apt. #, etc.

3. Mailing Office Address

682 Maitland Avenue

Suite, Apt. #, etc.

City & State

LakeLand FL

Zip 33803

Country USA

City & State

Altamonte Springs, Florida

Zip 32701 Country USA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

03/19/1985

5. FEI Number

592870544

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 Lee Jay Colling

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

682 Maitland Avenue

400014103604

03/17/03-01005-009-#257.50

Suite, Apt. #, Etc.

City Altamonte Springs

State FL Zip Code 32701

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

Lee Jay Colling
REGISTERED AGENT MUST SIGN

Date March 6, 2003

CR2E081 (10/02)

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	Audrey Barr	106 Satsuma	LakeLand FL 33803
V	Fred Beckett	47 Murecott	LakeLand FL 33803
V	Thomas R Dufour	213 Citronelle	LakeLand FL 33803
S	Betty Perron	20 Murecott	LakeLand FL 33803
S	Marge Phelps	83 Satsuma	LakeLand FL 33803
T	John Rodger	163 Punkin	LakeLand FL 33803

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 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:

Thomas R Dufour Thomas R Dufour March 6 2003 863-682-4053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

T	Dorothy Bruno	47 Murcotts	Lakeland FL 33803
O	Pat Dufour	213 Citronelle	Lakeland FL 33805
O	Arlene Knowlton	180 Calamondin	Lakeland FL 33803
O	Karyl Bergakken	170 Ponkan	Lakeland FL 33803
D	Lois Barbour	129 Rangpur	Lakeland FL 33803
O	Shirley Oman	110 Satsuma	Lakeland FL 33803
O	Donna Arcand	63 Mandarin	Lakeland FL 33805
O	Marty Poucette	47 Murcott	Lakeland FL 33803
O	Mary Mitchell	3 Tangelo	Lakeland FL 33803
O	Barb Doughty	180 Calamondin	Lakeland FL 33803
O	Marie Pawlenty	170 Ponkan	Lakeland FL 33803
O	Irene Eppers	142 Rangpur	Lakeland FL 33803
O	Lorraine Galliano	100 Satsuma	Lakeland FL 33803
O	Peggy Hayes	78 Mandarin	Lakeland FL 33803
O	Liz Todd Dahl	47 Murcott	Lakeland FL 33803