2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N95000004658

1. Entity Name
CITRUS 20/20 INC.

FILED
06 APR 12 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
C/O GUNNAR ERICKSON 5131 S MANATEE TERRACE HOMOSASSA, FL 34446 US	5131 S MANATEE TERRACE HOMOSASSA, FL 34446 US

2. Principal Place of Business		3. Mailing Address	
P.O. BOX 1141		P.O. BOX 1141	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: LECANTO, FL		City & State: LECANTO, FL	
Zip: 34460-1141	Country: CITRUS	Zip: 34460-1141	Country: CITRUS

04052006 REIN-AP ... 11 (05) REINSTATEMENT 5-06

4. FEI Number: 65-0616903 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ERICKSON, GUNNAR
5131 S MANATEE TERRACE
HOMOSASSA, FL 34446

7. Name and Address of New Registered Agent

Name: CHERYL PHILLIPS
Street Address (P.O. Box Number is Not Acceptable): 2218 N. WATERSEDGE DRIVE
City: CRYSTAL RIVER FL Zip Code: 34429

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: CHERYL PHILLIPS, CHAIR
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

900073549719
05/02/06--01004--008 **122.50

FILE NOW!!! FEE IS $122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC NAVE, PATIENCE 40 PINE ST. HOMOSASSA, FL 34446	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHAIR, DIRECTOR PHILLIPS, CHERYL 2218 N. WATERSEDGE DRIVE CRYSTAL RIVER, FL 34429	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV NAVE, PATIENCE 40 PINE ST. HOMOSASSA, FL 34426	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE CHAIR, DIRECTOR KOLLEY, JOHN 28 ENCLAVE POINT SOUTH HOMOSASSA, FL 34446	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST ERICKSON, GUNNAR M 5131 S MANATEE TERRACE HOMOSASSA, FL 34446	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER, DIRECTOR AUGUSTINE, ERNEST 1762 N. SQUIRREL TREE AVENUE LECANTO, FL 34461	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY, DIRECTOR PALMIERI, AMY 20 SOUTH LEE STREET BEVERLY HILLS, FL 34465	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] CHERYL PHILLIPS, CHAIR (352) 527-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #