

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 12 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
300008967193  
11/13/02--01057--008 \*\*236.25

DOCUMENT # N96000005915

1. Corporation Name

CITRUS MACINTOSH USERS GROUP, INCORPORATED

Principal Place of Business

PO BOX 273  
LECANTO FL 34460  
US

Mailing Address

PO BOX 273  
LECANTO FL 34460  
US

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

2. New Principal Office Address, If Applicable

PO BOX 641112

Suite, Apt. #, etc.

City & State

BEVERLY HILLS FL

Zip

34464

Country

USA

3. New Mailing Office Address, If Applicable

PO BOX 641112

Suite, Apt. #, etc.

City & State

BEVERLY HILLS FL

Zip

34464

Country

USA

REINSTATEMENT

02

4. Date Incorporated or Qualified  
To Do Business in Florida

11/15/1996

5. FEI Number

65-0703634

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	PETRY, AL WILLIAM DEAN	341 N BIG OAKS PT 3572 N WOODGATE DR	LECANTO FL 34461 Beverly Hills FL 34464
PD SOLD	HERNANDEZ, RANDY JACKIE DEAN	9830 SOUTH ARABIAN AVE. 3572 N WOODGATE DR	FLORAL CITY FL Beverly Hill FL 34464
T · D	QUINN, JT	197 E JOPLIN COURT	HERNANDO FL 34442

8. Name and Address of Current Registered Agent

PETRY, AL  
341 N BIG OAKS POINT  
LECANTO FL 34461

9. Name and Address of New Registered Agent

Name

WILLIAM DEAN

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

3572 N WOODGATE DR

Suite, Apt. #, Etc.

City

BEVERLY HILLS

State

FL

Zip Code

34464

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

William A. Dean

REQUIRED

Date

11-6-02

REGISTERED AGENT MUST SIGN

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-6-02

746-5078  
352 527-8405  
352 7465

CR2E040 (8/02)