

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000042668

1. Corporation Name

GLOBAL CITRUS RESOURCES, INC.

Principal Place of Business

Mailing Address

302 S. MASSACHUETTS AVE.
SUITE 119
LAKELAND FL 33801

302 S. MASSACHUETTS AVE.
LAKELAND FL 33801

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

03-04

4. Date Incorporated or Qualified
To Do Business in Florida

04/26/2000

5. FEI Number

59-3642836

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
D, PS	BROWN, D. SCOTT	302 S. MASSACHUETTS AVE.	LAKELAND FL 33801
D, VP	Amy K. Brown	302 S. Massachusetts Ave.	Lakeland, FL 33801

900026613139
01/09/04--01060--025 **308.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BROWN, D. SCOTT
302 S. MASSACHUETTS AVE.
SUITE 119
LAKELAND FL 33801

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

D. Scott Brown
REGISTERED AGENT MUST SIGN

Date 12/31/2003

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:

D. Scott Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. Scott Brown

12/31/2003

Date

8636830071

Daytime Phone #

CR2E040 (7/03)