

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000042668

1. Corporation Name

Global Citrus Resources, Inc.

WTD 479-48

2. Principal Office Address - No P.O. Box #

1835 Stonecrest Ct.

Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip

33813

Country

USA

3. Mailing Office Address

1835 Stonecrest Ct.

Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip

33813

Country

USA

7. Name and Address of Current Registered Agent

Name

D. Scott Brown

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

1835 Stonecrest Ct.

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33813

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

D. Scott Brown

REGISTERED AGENT MUST SIGN

Date January 06, 2010

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,S,T	Donovan Scott Brown	1835 Stonecrest Ct.	Lakeland, FL 33813
VP	Amy K. Brown	1835 Stonecrest Ct.	Lakeland, FL 33813

M. MILLIGAN
EXAMINER

500167363605
02/15/10--01034--021 **150.00

FEB 17 2010

10. E-mail Address: Global Citrus @ hotmail.com

(To be used for future annual report notification)

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. I further certify, 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

D. Scott Brown

01/06/2010 863-647-9020

FILED

10 FEB 15 AM 10:50

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-10

500167363605

01/27/10--01039--020 **1358.75

CR2E081 (11/09)

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

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.