

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 OCT 28 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **9000000 99872**

1. Corporation Name

E Citrus Service, Inc.

2. Principal Office Address

1968 Ramon Petteway Rd

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 1693

Suite, Apt. #, etc.

City & State

Zolfo Springs Fl

City & State

Wauchula Fl

Zip

33890

Country

USA

Zip

33873

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

October 2000

5. FEI Number

65-1050645

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

500008636425

10/28/02--01122--002 **158.75

7. Name and Address of Current Registered Agent

Name

Jeff Mckibben

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

106 S 5th Ave

Suite, Apt. #, Etc.

City

Wauchula

State
FL

Zip Code

33873

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

REGISTERED AGENT MUST SIGN

Date

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
President	Earl K Pace	1968 Ramon Petteway Rd	Zolfo Springs Fl 33890
Secr.	Earl K. Pace		
Treas	Earl K Pace		

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:

Earl K. Pace
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/02

Daytime Phone #

CR2E081 (8/01)

E Citrus Service, Inc

1968 Ramon Petteway Rd
Zolfo Springs Fl 33890

October 22, 2002

Secretary of State:

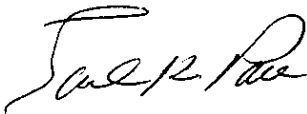
To Whom It May Concern:

Please find enclosed our reinstatement for our Corporation. We never received the uniform business report, so we were unable to file and pay the filing fee. We had a change in our address where the county changed our city. Please accept the reinstatement and the \$150 filing fee.

We would appreciate waiving any penalty. You will notice our change in our address on our reinstatement form.

Thank you for your immediate attention to this matter. Please call me with any questions.

Sincerely,



Earl K Pace 863-781-2001
President