

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # **P00000100869**

1. Corporation Name

CLARK B. MILLER CITRUS, INC.

Principal Place of Business

**135 AVE. W NE
WINTER HAVEN FL 33881**

Mailing Address

**135 AVE. W NE
WINTER HAVEN FL 33881**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/25/2000

5. FEI Number

65-1056281

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	BELLAMY, FAYE A	2213 9TH LANE, NE	WINTER HAVEN FL 33881
D	CLARK, CURNITA J	P. O. BOX 3736	WINTER HAVEN FL 33885
			500008551355 10/23/02 01055 004 **158.75
			700008551587 10/23/02--01095--009 **158.75

8. Name and Address of Current Registered Agent

**BELLAMY, FAYE A
135 AVE. W NE
WINTER HAVEN FL 33881**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2040 (8/02)

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **10/22/02**

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

10/22/02 (863) 287-8478
Date Daytime Phone #

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10-22-02

I am writing this letter to make known that our corporation did not receive the two prior uniform business report (UBR) notices. Please reinstate the corporation. Your effort in this matter is greatly appreciated.

Sincerely,

Faye Bellamy