

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 26 PM 3:46

DOCUMENT # P00000111307

1. Corporation Name

CITRUS SHACK, INC.

Principal Place of Business

712 NE 30TH STREET
FORT MEADE FL 33841

Mailing Address

~~712 NE 30TH STREET~~
FORT MEADE FL 33841

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

P.O. BOX 189

Suite, Apt. #, etc.

City & State

FT. MEADE, FL

Zip
33841

Country
USA

REINSTATEMENT

01

4. Date Incorporated or Qualified
To Do Business in Florida

12/04/2000

5. FEI Number

59-3686057

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
PD	BECK, CHRISTOPHER S	1610 LAKESIDE DRIVE	BARTOW FL 33830
ST	BECK, JUDY C	1610 LAKESIDE DRIVE	BARTOW FL 33830
			000004698550--3 -11/29/01--01053--022 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

BECK, CHRISTOPHER S
~~712 NE 30TH STREET~~
~~FORT MEADE FL 33841~~

9. Name and Address of New Registered Agent

Name

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

1610 LAKESIDE DR.

Suite, Apt. #, Etc.

City
BARTOW

State
FL

Zip Code
33830

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.

Signature of
Registered Agent

Christopher S Beck
REGISTERED AGENT MUST SIGN

Date 10-24-01

AD

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:

Christopher S Beck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTOPHER S BECK

10-24-01 863-285-7188

Date

Daytime Phone #

CR2E040 (8/01)