

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT -3 AM 9:25

DOCUMENT # P01000028669

1. Corporation Name

CITRUS VILLAS, INC.

2. Principal Office Address

2418 Huron Circle

Suite, Apt. #, etc.

City & State

Kissimmee, FL

Zip

34746

Country

3. Mailing Office Address

2418 Huron Circle

Suite, Apt. #, etc.

City & State

Kissimmee, FL

Zip

34746

Country

REINSTATEMENT

02-05

CR2E081 (8/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/16/2001

5. FEI Number

59-3722714

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Kenneth B. Thomson, P.A.

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

555 Winderley Place

Suite, Apt. #, etc.

Suite 300

City

Maitland,

State

FL

Zip Code

32751

400060188874
10/03/05--01064--006 **600.00

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

Kenneth B. Thomson, P.A.
REGISTERED AGENT MUST SIGN

Date 09/19/2005

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
D,P,S,T	Paul Norton-Smith	2418 Huron Circle	Kissimmee, FL 34746

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/19/2005

Date

Daytime Phone #

AFFIDAVIT

STATE OF FLORIDA)

COUNTY OF ORANGE)

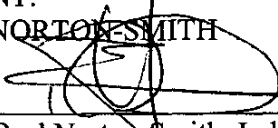
THE UNDERSIGNED AFFIANT, being duly sworn and cautioned to speak the truth, does hereby depose and say that my full name is Paul Norton-Smith, and that I have personally resided at 2418 Huron Circle, Kissimmee, FL 34746 since January 1, 2002. I am also the same Paul Norton-Smith identified on the public records of the Florida Secretary of State, Division of Corporations, as the director of Citrus Villas, Inc., a Florida corporation. The Affiant further deposes and states that:

1. I am the President and Director of Citrus Villas, Inc.
2. The Articles for Coast 2 Coast Properties Kissimmee, Inc., now known as Citrus Villas, Inc., were filed on March 16, 2001.
3. The Document Number for Citrus Villas, Inc. is P01000028669.
4. The original principal and mailing address for Coast 2 Coast Properties Kissimmee, Inc., now known as Citrus Villas, Inc., was 516 Lost Creek Court, Osceola, FL 34743.
5. The address of 516 Lost Creek Court, Osceola, FL 34743 was a personal residence address.
6. This residence was sold in late 2001 when a return to the United Kingdom was required of the corporate principals to achieve E-2 Status for business reasons.
7. When the corporate principals returned to the U. S. in January 2001 the new residence was purchased.
8. No mail (corporate or otherwise) has ever been forwarded from the previous residence to the new residence, nor has any corporate mail ever been received directly from the Florida Department of State, Division of Corporations at the new residence.
9. Specifically, I have never received any Uniform Business Report for filings subsequent to the original filing year.

Dated: August 31, 2005.

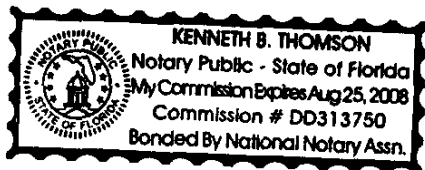
AFFIDAVIT, Cont.

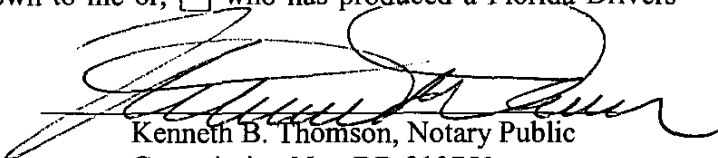
AFFIANT:
PAUL NORTON-SMITH

By. 
Paul Norton-Smith, Individually

STATE OF FLORIDA)
COUNTY OF ORANGE)

The foregoing Affidavit was acknowledged before me August 31, 2005, by Paul Norton-Smith [X] who is personally known to me or, [] who has produced a Florida Drivers License as identification.




Kenneth B. Thomson, Notary Public
Commission No.: DD 313750
My Commission Expires: August 25, 2008