

1042

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 27 AM 8:58

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000095255

1. Corporation Name

Delicious Citrus, Inc.

REINSTATEMENT 84-06

CR2E081 (12/05)

2. Principal Office Address

3207 AVE D

Suite, Apt. #, etc.

3. Mailing Office Address

3207 AVE D

Suite, Apt. #, etc.

City & State

Ft. Pierce, FL 34

City & State

Ft. Pierce

Zip

34947

Country

US

Zip

34947

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

9/28/2001

5. FEI Number

651144446

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

Collis FANIEL

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

2604 Sheraton Blvd.

Suite, Apt. #, Etc.

City

Ft. Pierce

State

FL

Zip Code

34946

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

[Signature]

Date 17 Nov 2006

REGISTERED AGENT MUST SIGN

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	Collis FANIEL	2604 Sheraton Blvd	Ft. Pierce, FL 34946

600082086586
11/27/06--01057--021 **450.00

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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

17 Nov 2006

Daytime Phone #

2 of 2

11/17/2006

Florida Department of State
Secretary of State
Division of Corporation

Re: Re-Instatement of Corporation
Delicious Citrus, Inc.

Dear, Florida Department of State

This is to advise that I did not receive a letter from the State of Florida that I needed to renew my corporate status. And further my company was affected by the 2004 hurricanes and we just now are able to do business again after two years of renovations to my business property.

If you have any further questions you may contact me at the number below.

Sincerely,

A handwritten signature in cursive script, appearing to read "Collis Faniel". The signature is written in black ink and is positioned to the right of the word "Sincerely,".

Collis Faniel
772-370-0024