

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000120719

1. Corporation Name

CITRONELLE, INC.

Principal Place of Business

10415 SW 145 COURT
MIAMI FL 33186

Mailing Address

10415 SW 145 COURT
MIAMI FL 33186

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

12/21/2001

5. FEI Number

75-300-8942

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
PVST	RIGAUD, RONALD	10415 SW 145 COURT	MIAMI FL 33186

900008627319
10/28/02--01086--024 **150.00

8. Name and Address of Current Registered Agent

RIGAUD, RONALD
10415 SW 145 COURT
MIAMI FL 33186

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

CR2E040 (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

10/24/02

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

Date

10/24/02 786 547
A3A8

Daytime Phone #

CITRONELLE, INC.

10415 Southwest 145th Court
Miami, Florida 33186

October 24, 2002

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida, 32314-6327

Re: Waiver of reinstatement fee for Citronelle, Inc.

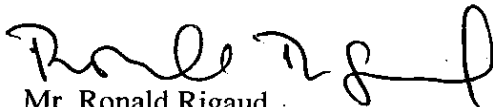
Dear Sir or Madam:

Please waive the reinstatement fee for Citronelle, Inc., because the corporation did not receive the any prior Uniform Business Report notices. I am enclosing the completed application for reinstatement and the appropriate fee of \$150.00 dollars for the Uniform Business Report.

Please reinstate Citronelle, Inc. and please feel free to contact me at (786) 547 -4848 if you have any questions regarding this matter.

Thank you in advance for your kind assistance.

Sincerely,



Mr. Ronald Rigaud
President and Registered Agent
Citronelle, Inc.