

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT  **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO2000079845
1. Corporation Name
A. Rolle And Sons Citrus, Inc.

2. Principal Office Address 1906 Monte Carlo Trail		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando, Florida		City & State	
Zip 32805	Country	Zip	Country

REINSTATEMENT *03-01*

4. Date Incorporated or Qualified To Do Business in Florida **July 7, 2002**

5. FEI Number 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 **Arlington Rolle**

Street Address (P.O. Box Number is Not Acceptable)
1906 Monte Carlo Trail

Suite, Apt. #, Etc.

City **Orlando** State **FL** Zip Code **32805**

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 _____ Date _____
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
P/D	Arlington Rolle	1906 Monte Carlo Tr.	Orlando, FL 32805
D	George A. Rolle	2637 Pisces Drive	Orlando, FL 32837
D	Kenneth A. Rolle	6440 Abbeydale Court	Orlando, FL 32818

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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: *Arlington Rolle* **10/27/2004 - 402-422-4762**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
10/2

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