

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP 29 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P020000 92777

1. Corporation Name

Natural Sun Citrus, Inc.

2. Principal Office Address

1390 80 Foot Rd.

Suite, Apt. #, etc.

City & State
~~Yulee~~ FL

Bartow

Zip
33830
~~33820~~

Country
USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 2003

4. Date Incorporated or Qualified To Do Business in Florida 8/26/02

5. FEI Number

030482018

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

Hosea Walls

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

9839 Wedgewood Lane

Suite, Apt. #, Etc.

City

Leesburg

State
FL

Zip Code
34788

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 9/26/03

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 | Hosea Walls | 9839 Wedgewood Lane | Leesburg, FL 34788 |
| D | Paul Leonard | 12104 Woodlea Rd. | Tavares, FL 32778 |
| | | | |
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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:

Hosea Walls

9/26/03

(352) 636-4964

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)



"CORPORATION SERVICE COMPANY"

282

ACCOUNT NO. : 072100000032

REFERENCE : 259712 .9585A

AUTHORIZATION : *Patricia Pizote*

COST LIMIT : \$ 758.75

ORDER DATE : September 29, 2003

ORDER TIME : 11:19 AM

ORDER NO. : 259712-005

CUSTOMER NO: 9585A

CUSTOMER: G. Edward Clement, Esq
Potter Clement Lowry &
308 East Fifth Avenue

Mount Dora, FL 32757

DOMESTIC FILINGS

NAME: NATURAL SUN CITRUS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea EXT 1114

EXAMINER'S INITIALS _____

RECEIVED
03 SEP 29 PM 12:37
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA