

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY -6 AM 8:00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000126458

1. Corporation Name

CITROCORP, INC.

REINSTATEMENT

03-04
MRS

500035555185
05/06/04--01018--022 **150.00

500035555185
05/06/04--01018--021 **150.00

2. Principal Office Address

8826 S.W. 111 TRR.

Suite, Apt. #, etc.

3. Mailing Office Address

same as principal

Suite, Apt. #, etc.

City & State

MIAMI

City & State

FLORIDA

Zip

33176

Country

DADE

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/02/02

5. FEI Number

43-2010834

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

Carlos M. de la Osa

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

8826 S.W. 111 TRR.

Suite, Apt. #, Etc.

City

MIAMI, FL

State

FL

Zip Code

33176

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 4/15/04

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
DP	JESUS CITRONNELLE	8826 S.W. 111 Terrace	Miami, FL 33176
DST	TERESA CITRONNELLE	8826 S.W. 111 Terrace	Miami, FL 33176

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

4/15/04

Date

Daytime Phone #

CR2E081 (01/04)

292
CITROCORP, INC.
8826 S.W. 111th Terrace
Miami, FL 33176

April 16, 2004

Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Re: CITROCORP, Inc.
Document #P02000126458

Gentlemen:

With reference to the above mentioned corporation, please be informed that we are not in receipt of the UBR for the year 2004, and that we never received this form for 2003.

Please note our address has been changed as shown on our letterhead and that we are also enclosing a completed Reinstatement form, as well as our payments, as requested.

We ask that you will credit these checks accordingly, and waive any penalties for the year 2003.

We apologized for any inconvenience and thank you in advance for your cooperation.

Your prompt attention to this matter is appreciated.

Sincerely,

Jesus Citronnelle
President

enclosed:
Reinstatement Form
Cks #2783 & 2784 (\$150.00 each)