## 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000128317					7				
1. Entity Name CITRUS UNLIMTED II, INC.					De la companya de la	FII	_ED		
				100		07 MAR 2	AM II	40	
Principal Place of Business		Mailing Address	Mailing Address						
2223 NW 9 CT. FT. LAUDERDALE, FL 33311		2223 NW 9 CT. Ft. Lauderdale, Fl 33311			IALI AIIAS	ŒE, FLI	RIDA		
Principal Place of Business - No P.O. Box # 3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			OF PEINSTATEMENTS (1/67/6-07				
City & State		City & State		4. FEI Numb 47-090	er		lot Applicable		
Zip Country		Zip	Country		5. Certificate	of Status Desired	\$8.75 Ad Fee Require		
	6. Name and Address of Current I	Registered Agent			7. Name and	Address of New Registere	J Agent		
WALKER, THERESA				Name	Name				
2223 NW			Street Address		s (P.O. Box Numb	(P.O. Box Number is Not Acceptable)			
, , , <u> </u>									
				City	FL Zip Code				
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE									
Signature, typed or printed name of registered agent and till of applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
FILE NOW!!! FEE IS \$900.00									
10.	OFFICERS AND [		11.		ADDITIONS	CHANGES TO OFFICERS A			
TITLE NAME	PD WALKER, THERESA	☐ Delete	TITLE		•=	10009580	☐ Change	☐ Addition i	
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NAME		- Cerete	NAME	li li			□ change	Addition	
STREET ADDRESS City-St-Zip				ET ADDRESS -ST-ZIP				i	
12. I hereby o	certify that the information supplied with	this filing does not qualify for	r the exe	mptions contains	ed in Chapter 119	), Florida Statutes. I further co	rtify that the i	nformation	
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE:   SIGNATURE:   SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR /  Date  Date  Designer Phone #									
				/	- I	Della	SAMPLE CHANGE		