

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 DEC -2 AM 10:04

DOCUMENT # P03000020283

1. Corporation Name

JE A CITRUS, INC.

2. Principal Office Address

58 S. Magnolia Street

Suite, Apt. #, etc.

City & State

Fellsmere, FL

Zip

32948

Country

Ind. River

3. Mailing Office Address

PO Box 923

Suite, Apt. #, etc.

City & State

Fellsmere, FL

Zip

32948

Country

Ind. River

REINSTATEMENT 04-05
CR2E081 (8/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/18/2003

5. FEI Number

54-2109523

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

Esperanza Roman

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

58 Magnolia Street

Suite, Apt. #, Etc.

City

Fellsmere

State

FL

Zip Code

32948

600061866666
12/02/05--01041--001 **300.00

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

Esperanza Roman

Date 11/02/2005

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	Esperanza Roman	58 Magnolia Street	Fellsmere, FL 32948

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:

Esperanza Roman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/02/2005

Date

772-571-0954

Daytime Phone #