

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRET
DIVISION

06 OCT -5 PM 4:39

DOCUMENT # P03000044078

1. Corporation Name

Citrus Property Development Corp.

2. Principal Office Address

4018 South Suncoast Blvd.

Suite, Apt. #, etc.

City & State

Homosassa, FL

Zip

34446

Country

USA

3. Mailing Office Address

9182 Patio Ct.

Suite, Apt. #, etc.

City & State

Spring Hill, FL

Zip

34608

Country

USA

REINSTATEMENT

05-06

CR2E081 (12/05)

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

4/17/03

5. FEI Number

20-0163188

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

Jerry Harris

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

4018 South Suncoast Blvd.

Suite, Apt. #, Etc.

City

Homosassa

State

FL

Zip Code

34446

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

REGISTERED AGENT MUST SIGN

Date

10-4-06

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
PD	Jerry Harris	4018 S. Suncoast Blvd.	Homosassa, FL 34446

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 contained in Chapter 119, 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:

Jerry Harris

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-4-06

Daytime Phone #