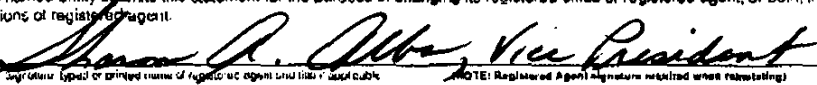
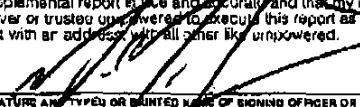


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 MAY 16 PM 5:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000055128					
1. Entity Name CITRUS PLAZA REALTY CORP.					
Principal Place of Business 5840 NORTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32810			Mailing Address 5840 NORTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32810		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 42-1583489	
				5. Certificate of Status Declared ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MADSON, CURT 5840 NORTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32810				7. Name and Address of New Registered Agent Name Brandywine Real Estate Management Services Street Address (P.O. Box Number is Not Acceptable) 5812 North Orange Blossom Trail City Orlando FL Zip Code 32810	
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:  Vice President NOTE: Registered Agent Signature required when reinstating					
FILE NOW!!! FEE IS \$900.00					
150.00 - \$750 was paid in 2005					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MALEKAN, MANOUCHEHR		NAME		
STREET ADDRESS	48 EAST OLD COUNTRY ROAD		STREET ADDRESS		
CITY-ST-ZIP	MINEOLA, NY 11501		CITY-ST-ZIP	10/31/05 01015 014	\$750.00
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	JOSEPH, JERRY		NAME		
STREET ADDRESS	41 STATE STREET #401		STREET ADDRESS		
CITY-ST-ZIP	ALBANY, NY 12207		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 507, 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 unpowered.					
SIGNATURE:  01.106					