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	Mailing Address
5840 NORTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32810	5840 NORTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32810

05012006 REIN-P CR2E098 (11/05) 05-06

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
42-1593489
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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
Signature (type or printed name of registered agent and title if applicable) NOTE: Registered Agent Signature required when reinstating) DATE

$150.00 - $750 was paid in 2005
FILE NOW!!! FEE IS $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MALEKAN, MANOUCHEHR 48 EAST OLD COUNTRY ROAD MINEOLA, NY 11501	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 10/31/05 01015 014 $750.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOSEPH, JERRY 41 STATE STREET #401 ALBANY, NY 12207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 5/23
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300075218563 05/25/06--01009--006 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 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: 5.16.06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PAGE 05 M. DAVID BAHR, C.P.A 7165535592 05/16/2006 15:58