(H08000230103 3)

FILED

08 OCT -6 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 FOR PROFIT CORPORATION REINSTATEMENT

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
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

REINSTATEMENT 07-08

08132008 REIN CR2E098 (1/07)

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

BRANDYWINE REAL ESTATE MANAGEMENT SERVICES
5812 NORTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32810

7. Name and Address of New Registered Agent

Name REGISTERED AGENT SOLUTIONS, INC.

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

155 OFFICE PLAZA DRIVE, SUITE A

City TALLAHASSEE FL Zip Code 32301

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] REGISTERED AGENT SOLUTIONS, INC.
SAL ABECASIS, ASSISTANT SECRETARY 10/2/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AB 10/6 ☐ Change ☐ Addition
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
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 [signature] 10/2/08 516-877-1677

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

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000230103 3)))

H08000230103ABCR

To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : ALLSTATE CORPORATE SERVICES CORP
Account Number : I20040000031
Phone : (800)906-9220
Fax Number : (800)906-9880

CORPORATION REINSTATEMENT

CITRUS PLAZA REALTY CORP.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$900.00