


Page 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED
 07 MAY 15 AM 10:53
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 000103284330
 05/25/07--01015--004 **\$08.75
 REINSTATEMENT 154-02
 CR2E081 (1/07)

DOCUMENT # P03000077001

1. Corporation Name

T M Citrus, Inc.

2. Principal Office Address - No P.O. Box #

229 S. Willow Street

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Fellsmere, FL

City & State

Zip

32948

Country

Ind. River

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

16-1676476

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

Manuel Zamarripa

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

229 S. Willow St.

Suite, Apt. #, Etc.

City

Fellsmere

State

FL

Zip Code

32948

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Manuel Zamarripa

Date 5/8/07

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	Manuel Zamarripa	229 S. Willow St.	Fellsmere, FL 32948
D	Maria D. Zamarripa	229 S. Willow St.	Fellsmere, FL 32948
vP	Maria P. Zamarripa	229 S. Willow St.	Fellsmere, FL 32948
T/D	Maria P. Zamarripa	229 S. Willow St.	Fellsmere, FL 32948
S/D	Claudia Zamarripa	229 S. Willow St.	Fellsmere, FL 32948
D	Cindy Zamarripa	229 S. Willow St.	Fellsmere, FL 32948
D	Edgar T. Zamarripa	229 S. Willow St.	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 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:

Maria P. Zamarripa

5/8/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PAGE 202

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
D	Samuel Zamarripa	229 S. Willard St.	Fellsmere, FL 32948
D	Jose M. Zamarripa	229 S. Willard St.	Fellsmere, FL 32948