, RLEASE READ	ALL INSTRU	O HONS BEF	OKE C	JMPLETII	NG THIS FORM.	
REINSTATEMENT PLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS DIVISION OF CORPORATIONS DIVISION OF CORPORATIONS				FILED OFNOVIE PHID: \$3		
DOCUMENT # P0300090198				SECRETARY OF STATE PALLAHASSEE, FLORIDA		
G.L. Citrus Inc.				100061629021 11/22/0501066006 **653.75		
2. Principal Office Address				REINSTAFEMENT 0405		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			4. State/Country of Formation / U · S · A · 5. Date Organized or Qualified		
city & State Fell Smere FL.	City & State			To Do Business in Florida 6. FEI Number Applied For Not Applicable		
32948 Country U.S.A.	Zip	Country		7. CERTIFICATE	OF STATUS DESIRED \$5.00 Addition for a Certific	al Fee required ate of Status
8. Name and Address of Current Registered Agent						
Street Address (P.O. Box Number is Not Acceptable) St. Suite, Apt. #, Etc.						
- Feltomere	Feltsmere				FL 32948	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent						
10. Names and Street Addresses of Managing Members/Managers						
Titles Name of Managing Members/ Manag		Street Address of Each Managing Member/Manager			City / State / Zip	
President Leonor Man	tinez	70 n. H	laple	St	Fellsmere FL	32948
		117		1170	00061110544 0270501029022 **255.00	
and the state of t				-		
		,				
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Albarian Multiples Date Daytime Phone # (772)571-1834 Typed or printed name of signing Managing Member/Manager EONOY WOYTHEZ						