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	PLEASE READ A				OMPLETING TH	IS FORM.
APPLICATION		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham		TATE		
FOR REINSTATEMENT		Secretary of State		9		•
ŋEINO1	ATEMENT STATES	DIVISION OF CORPORATIONS		. 99	JUL -9 PH 4: 45	
1. Corporation Name						
i. Copolaro (Asilo		.,			ŢĂĨ	CHE MANY DE STATE LAHASSEE, FLORIDA
SWF CITRUS, INC. Principal Place of Business		Mailing Address		ĺ		
Principal Place	e of Business	Walking Audi 555		3000029391130		
				-07/22/99~-01088015 ***1200.00 ***1200.00		
If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 13. New Mailing Address, If Applicable				DO NOT WRITE IN THIS SPACE 4. Date Incorporated or Qualified		
2. New Principal Office Address, II Applicable Capital Agricultural Property Services		Stoughton Davidson			To Do Business in Florida August 14, 1984	
Suite, Apt. #, etc. 201 South Orange Avenue, Suite 790		Suite, Apt. #, etc. 1470 West Herndon Avenue			5. FEI Number	Applied For
City & State Orlando, Florida		City & State Fresno, California			36-3329686	Not Applicable
Zip Country 32801		Zip Country 93711		CERTIFICATE OF STATUS DESIRED FOR A STATUS DESIRED		
	d Street Addresses of Each Office		Florida nonprofit corpo	rations m	ust list at least 3 Director	s)
Title(s)	Name of Officers and/or Directors 2		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)		Director	City/State/Zip 4
P	P M.C. Perkins		Linton Park PLC, Linton Park, Linton		on Park,	Maidstone, Kent, ME174AB United Kingdom
v	Roy M. Korins		Esanu, Katsky, Korins & Siger, LLP 605 Third Avenue		& Siger, LLP	New York, New York 10158
T & S	Meryl Lynn Unger		Esanu Katsky Korins & Siger, LLP 605 Third Avenue		Siger, LLP	New York, New York 10158
				<u>.</u>		
REINSTATEMENT 96-99 TITS						
8. Name and Address of Current Registered Agent Name				9. Name and Addres	ss of New Registered Agent	
Capit					ital Agricultural	
201 5					South Orange Avenue	
Suite, Apr					ot. #, Etc." 790	
City Orla					ando	State Zip Code FL 32801
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.						
Signature of Registered Agent Suan Starley Legions VIII Serial Date 6/8/99 REGISTERED AGENT MOST SIGN						
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)						
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k). Florida Statutes, I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or furstee empowered to execute this application as provided for in chapter 607 or 617, F.S., I turther certify that when filling 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., and that all fees owed by the corporation has been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as it made under oath.						
SIGNATURE: ROY M. KOTINS 6					6/8/99 Date	212-716-3211 Daytime Phone #
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