

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 FEB 13 PM 3:55

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P 93000002353

1. Corporation Name

CITRUS MAINTENANCE + WELDING, INC.

2. Principal Office Address

P.O. Box 2842

Suite, Apt. #, etc.

City & State

LABELLE, FLA

Zip

33975

Country

U.S.A.

3. Mailing Office Address

P.O. Box 2842

Suite, Apt. #, etc.

City & State

LABELLE, FLA

Zip

33975

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

1-7-93

5. FEI Number

65-0384043

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

CHARLES R. WARD

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

2700 PINEWOOD BLVD.

Suite, Apt. #, Etc.

City

SEBRING

State

FL

Zip Code

33870

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

Charles R. Ward

Date 2-08-02

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
<u>PRES.</u>	<u>CHARLES R. WARD</u>	<u>2700 PINEWOOD BLVD.</u>	<u>SEBRING, FL 33870</u>
<u>V-PRES</u>	<u>CORAD. PHILLIPS-WARD</u>	<u>2700 PINEWOOD BLVD.</u>	<u>SEBRING, FL 33870</u>

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 under section 119.07(3)(i), 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:

CHARLES R. WARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-8-02

Daytime Phone #

UBR  
01.02

CR2E081 (9/01)