

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P94000006665**

1. Corporation Name

CITRUS HILL PARK & SALES, INC.

Principal Place of Business

9267 US HWY 98
DADE CITY FL 33525

Mailing Address

9267 US HWY 98
DADE CITY FL 33525

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

9287 US HWY 98

Suite, Apt. #, etc.

City & State

DADE CITY, FL

Zip

33526-0446

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

PO Box 446

City & State

DADE CITY, FL

Zip

33526-0446

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/18/1994

5. FEI Number

59-3221540

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	THOMPSON, JAMES L	9267 US HWY 98	DADE CITY FL 33525
D	WATSON, RON	9267 US HWY 98	DADE CITY FL 33525
			500005258565--5 -04/12/02--01099--001 ***750.00 ***750.00
			500005258565--5 -04/12/02--01099--002 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

WATSON, RON

9267 US HWY 98

DADE CITY FL 33525

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **Mar 25 2002**

11. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec 27, 2001

Date

Daytime Phone #

613-

628-2500

CR2E040 (8/01)