

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 26 PM 5:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000052572

1. Corporation Name

SEMINOLE CITRUS PACKING, INC.

Principal Place of Business

1301 HWY 60 E  
LAKE WALES FL 33853

Mailing Address

P.O. BOX 2107  
LAKELAND FL 33850

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

2. New Principal Office Address, If Applicable

Woodland Dr.  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Same  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

07/07/1995

5. FEI Number

59-3328491

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	WROTEN, L. ALLEN	6059 MOUNTAIN LAKE DR	LAKELAND FL 33813
D	WROTEN, LEE A	6033 MOUNTAIN LAKE DR	LAKELAND FL 33813
D	JOHNS, ALFRED M	ONE WOODLAND DR	PUNTA GORDA FL 33982
D	SAFRON, ELWOOD P	2323 SANDY PINE DR	PUNTA GORDA FL 33982
800009247718 11/27/02--01108--005 **758.75			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SAFRON, ELWOOD P  
2323 SANDY PINE DR  
PUNTA GORDA FL 33982

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

11/23/02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Elwood P. Safron, President

Date

Daytime Phone #

11/23/02 575-1234

CR2E040 (8/02)