

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

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



DOCUMENT # P95000089399

1. Corporation Name

SATERBO-WATSON CITRUS, INC.

FILED

00 OCT 20 PM 1:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

~~302 PROGRESS ROAD~~ ~~302 PROGRESS ROAD~~  
~~AUBURNDAL FL 33823~~ ~~AUBURNDAL FL 33823~~



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc. 9400 W. LAKE RUBY DR.		Suite, Apt. #, etc. 9400 W. LAKE RUBY DR.		11/21/1995	
City & State WINTER HAVEN, FL.		City & State WINTER HAVEN, FL.		5. FEI Number 59-3348465	
Zip 33884		Country USA		Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	SATERBO, STEPHEN C	302 PROGRESS ROAD	AUBURNDAL FL 33823
STD	WATSON, CHARLES E	302 PROGRESS ROAD	AUBURNDAL FL 33823
PSD	WATSON, CHARLES E.	9400 W. LAKE RUBY DR.	WINTER HAVEN, FL. 33884
VTD	SATERBO, STEPHEN C.	9400 W. LAKE RUBY DR.	WINTER HAVEN, FL. 33884
			11/02/00--01078--013 ****750.00 ****750.00

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8. Name and Address of Current Registered Agent

9. Name and Address of Current Registered Agent

SATERBO, STEPHEN C 302 PROGRESS ROAD AUBURNDAL FL 33823		Name WATSON, CHARLES E. Street Address (P.O. Box Number is Not Acceptable) 9400 W. LAKE RUBY DR. Suite, Apt. #, Etc. City WINTER HAVEN State FL Zip Code 33884	
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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] Date 10-14-00  
REGISTERED AGENT MUST SIGN

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

10-14-00 863-696-8191  
Date Daytime Phone #

CR2040 (9/00)