

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR -4 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000024973

1. Corporation Name

YANKEE CITRUS CORP.

Principal Place of Business

Mailing Address

13815 US 98 BYPASS
DADE CITY FL 33525

13815 US 98 BYPASS
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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33576

USA

33576

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/15/1996

5. FEI Number

59-3366230

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	CAROE, KATHERINE S	47 JUDSON AVENUE	WOODBURY CT 06798
D	BARONS, PEGGY	1 NORTHGATE CIRCLE	LEXINGTON MA 02173
			700012604087 03/04/03--01055--002 **150.00
			700012604087 02/18/03--01017--011 **750.00

8. Name and Address of Current Registered Agent

SCHRADER, JEROME G
13815 US 98 BYPASS
DADE CITY FL 33525

9. Name and Address of New Registered Agent

Name Schrader Jerome G
Street Address (P.O. Box Number is Not Acceptable)
12744 Curley Road
Suite, Apt. #, Etc.
City San Antonio State FL Zip Code 33576

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 2-26-03

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 REQUIRED~~
Katherine S Caroe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-03 (203) 263-2997