

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JAN 31 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 96000054829

1. Corporation Name BENNY ALBRITTON CITRUS, INC.

2. Principal Office Address
206 N. 6th Ave.

Suite, Apt. #, etc.

City & State
WAUCHULA, FL.

Zip 33873 **Country** USA

3. Mailing Office Address
PO Box 1784

Suite, Apt. #, etc.

City & State
WAUCHULA, FL.

Zip 33873-1784 **Country** USA

REINSTATEMENT 97.00

4. Date Incorporated or Qualified
To Do Business in Florida 6/26/96

5. FEL Number
65-0681589

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

JEFF J. MCKIBBEN, ESQ.

Street Address (P.O. Box Number is Not Acceptable)
160 South 5th Ave.

Suite, Apt. #, Etc.

City

Wauchula

State
FL

Zip Code
33873

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**

REGISTERED AGENT MUST SIGN

Date

January 27, 2000

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
Pres.	Benny W. Albritton, Sr.	PO Box 1784	Wauchula, FL. 33873-1784
ice	Benny A. Albritton, Jr.	PO Box 266	Wauchula, FL. 33873-0266
			1050.00-Adm
			61.25-AR
			88.75-AR SUPP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/26/00

863-773-6280
Daytime Phone #

KE

CR2E081 (9/99)