

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.

3. Mailing Office Address
PO Box 1784

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WAUCHULA, FL.

City & State
WAUCHULA, FL.

Zip Country
33873 USA

Zip Country
33873-1784 USA

REINSTATEMENT 97.00

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

5. FEI 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 Zip Code
FL 33873

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~~***1200.00 ***1200.00~~

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 *[Signature]*
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
vice	Benny A. Albritton, Jr.	PO Box 266	Wauchula, FL. 33873-0266
			<i>1050.00-Adm</i>
			<i>61.25-AR</i>
			<i>88.75-AR SUPP</i>

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/00
Date

863-773-6280
Daytime Phone #

KE

CR2E081 (9/99)