

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P96000083972</b>			
1. Corporation Name			
<b>SWEETWATER CITRUS INC</b>			
Principal Place of Business		Mailing Address	
140 Holmes Avenue Lake Placid FL 33852		P O Box 39 Lake Placid FL 33862-0039	
<small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>			
2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable	
NA			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida		October 08, 1996	
5. FEI Number		Applied For	
59-3423415		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$4.75 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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P/D	George P Mason Jr	509 Lake Mirror Drive	Lake Placid FL 33852
S/T/D	Marilyn Smoak Mason	509 Lake Mirror Drive	Lake Placid FL 33852
V/D	George Perry Mason III	511 Lake Mirror Drive	Lake Placid FL 33852
V/D	Holly Mason True	110 Pond Drive	Lawrenceburg TN 38464
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
George P Mason Jr 140 Holmes Avenue Lake Placid FL		Name Marilyn Smoak Mason	
		Street Address (P.O. Box Number is Not Acceptable) 140 Holmes Avenue	
		Suite, Apt. #, Etc.	
		City Lake Placid	State FL
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.			
Signature of Registered Agent <i>Marilyn Smoak Mason</i>		Date <i>2/3/99</i>	
REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)			
12. 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 name of individuals listed on this form do not qualify for an exemption under section 119.07(3)(b), 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: <i>Marilyn Smoak Mason</i>		Marilyn Smoak Mason <i>2/3/99</i> (941) 465-2031	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	