

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 OCT 29 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000005291

1. Corporation Name

CITRUS EQUIPMENT & REPAIR, INC.

Principal Place of Business

6659 W. NORVELL BRYANT HWY.
CRYSTAL RIVER FL 34429

Mailing Address

6659 W. NORVELL BRYANT HWY.
CRYSTAL RIVER FL 34429



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

01/14/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3556995

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	PERNU, EDWARD J	33 S OSCEOLA ST	BEVERLY HILLS FL 34465
VP	VOX, GLENN L	11128 COVE HARBOR DR	CRYSTAL RIVER FL 34428
			600008664536 10/29/02--01042--003 **150.00

8. Name and Address of Current Registered Agent

PERNU, EDWARD J
33 S OSCEOLA ST
BEVERLY HILLS FL 34465

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward J. Penu

10/28/02

Date

352-795-6635

Daytime Phone #

CFR2E040 (8/02)

CITRUS EQUIPMENT & REPAIR, INC.

October 25, 2002

Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

RE: Notice of Administrative Dissolution or Revocation
Document #P99000005291

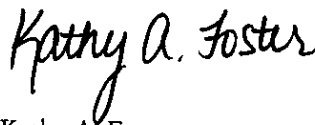
Dear Sir or Madam:

Per a conversation with your office regarding the above-referenced notice, I am writing to inform you that we never received the original Uniform Business Report that was apparently due by 5/1/02. I am the bookkeeper for Citrus Equipment & Repair, Inc. and handle all of their bills. As you can see from our past record, we have always filed this form in a timely manner and if we had received the original notice, I can assure you that it would have been filed on time as well.

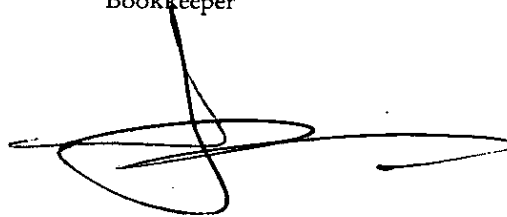
As instructed by your office, we are enclosing the Application for Reinstatement and our check in the amount of \$150.00 and ask that penalties for late payment be waived.

If you should have any questions, please do not hesitate to contact me.

Thanking you in advance,



Kathy A. Foster
Bookkeeper



Edward J. Pernu
President