

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 78-99
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 488709

1. Corporation Name

DOUBLE-O-JAY GROVES, INC.
125 100TH AVENUE
VERO BEACH, FLORIDA 32968

Principal Place of Business

Mailing Address

DOUBLE-O-JAY GROVES, INC.
125 100TH AVENUE
VERO BEACH, FLORIDA 32968

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
POST OFFICE BOX 772

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

VERO BEACH, FLORIDA

Zip

Country

Zip

Country

32961

INDIAN RIVER

4. Date Incorporated or Qualified
To Do Business in Florida

10/31/75

SP

5. FEI Number

59-1633015

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	JAMES N. ORTH	125 100TH AVENUE	VERO BEACH, FLORIDA 32968
SD	LAURA M. ORTH	125 100TH AVENUE	VERO BEACH, FLORIDA 32968

8. Name and Address of Current Registered Agent

COOKSEY, BYRON T.
3365 OCEAN DRIVE
VERO BEACH, FLORIDA 32963

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.

Signature of
Registered Agent

Byron T. Cooksey
REGISTERED AGENT MUST SIGN

Date

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(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 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:

James N. Orth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES N. ORTH

Date

561/562-2715

Daytime Phone #

CR2E081 (12/98)