

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 16 PM 7:20

DOCUMENT # P00000083127

1. Corporation Name

JUPITER BAY FLORIST, INC.

Principal Place of Business

Mailing Address

103 S US HIGHWAY ONE
UNIT C-4
JUPITER FL 33477

103 S US HIGHWAY ONE
UNIT C-4
JUPITER FL 33477

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

09/01/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-1034698

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
PTD	FERRER, JOHN L	121 OCEAN COVE DR	JUPITER FL 33477
VSD	FERRER, JANE ELLEN R	121 OCEAN COVE DR	JUPITER FL 33477

400004654654--1
-10/26/01--01032--029
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRAMS, DANIEL J
1645 PALM BEACH LAKES BLVD
SUITE 1050
WEST PALM BEACH FL 33401

Name

JOHN L. FERRER

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

103 S. US HWY #1

Suite, Apt. #, Etc.

Suite C-4

City

JUPITER

State

FL

Zip Code

33477

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

JOHN L. FERRER
REGISTERED AGENT MUST SIGN

Date

10/12/01

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:

JOHN L. FERRER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/01
Date

561-746-5838
Daytime Phone #

CR2040 (8/01)

10/12/01

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To whom it may concern,

I did not receive any notices for filing previous to the reinstatement application.

Enclosed is my check for \$150 per conversation with your office. Thank you for your help in this matter.

Sincerely,

John L. Ferrer

JOHN L. FERRER - PRESIDENT