APPLICATION			
FOR			
REINSTATEMENT			



DOCUMENT # P0000083127

1. Corporation Name

JUPITER BAY FLORIST, INC.

2. New Principal Office Address, If Applicable

Principal Place of Business

103 S US HIGHWAY ONE

UNIT C-4 JUPITER FL 33477 Mailing Address

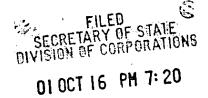
103 S US HIGHWAY ONE

3. New Mailing Office Address, If Applicable

UNIT C4

If above addresses are incorrect in any way, line through incorrect information and enter correction below

JUPITER FL 33477



4. Date Incorporated or Qualified

Suite, Apt. #, etc. City & State				Suite, Apt. #, etc. City & State			To Do Business in Florida 09/01/2000			
			Suite, Apt. #				5. FEI Number Applied 5.5 - 1034698 Not Appl			
			City & State							
Zip		Country	Zip		Country	6. CERTIFICATI	E OF STATUS DESIRED	8.75 Additional Fee for a Certificate of		
7. Names	and Street Ad	dresses of Each Officer	and/or Director (Flo	orida nonprofit	corporations must list at le	ast 3 directors)				
Title(s)	Name of Officers and/or Directors			3.	Street Address of Eac Officer and/or Directo		City / State / Zip			
PTD	FERRER, JOHN L			121 OCEAN COVE DR			JUPITER FL 33477			
VSD	FERRER, J	ane ellen r		121 OCEA	N COVE DR		JUPITER FL 33477			
				-		40	10004654 -10/26/01	1 554 01032029	-1	
							****150.00	****150.		
	8. Nan	ne and Address of Cur	rent Registered Ag	ent		9. Name and	Address of New Registere	d Agent		
BRAMS, DANIEL J 1645 PALM BEACH LAKES BLVD SUITE 1050 WEST PALM BEACH FL 33401					103 Suite, Apt. #, Etc.	Street Address (P.O. Box Number is Not Acceptable), 103 S. U.S. HWY # 1 Suite, Apt. #, Etc. Suite C-4				
10. I, bein	g appointed th	ne registered agent of the	e above named corp	ooration, am fai	miliar with and accept the	obligations of Sec		, 1	AL	

11. I certify that I am an officer of 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 of Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/01

561-746-5838

Daytime Phone #

10/12/01

To whom it may concern,

Frevious to the reinstatement application.

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

Sincerely, John K. Len JOHN L. FERRER- PRESIDENT