

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 28 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000083127

1. Corporation Name

JUPITER BAY FLORIST, INC.

Principal Place of Business

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

Mailing Address

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/01/2000

5. FEI Number

65-1034698

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 3	City / State / Zip 4
PTD	FERRER, JOHN L	121 OCEAN COVE DR	JUPITER FL 33477
VSD	FERRER, JANE ELLEN R	121 OCEAN COVE DR	JUPITER FL 33477

8. Name and Address of Current Registered Agent

FERRER, JOHN L
103 S US HIGHWAY ONE
UNIT C-4
JUPITER FL 33477

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

John L. Ferrer
REGISTERED AGENT MUST SIGN

Date

10/18/03

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

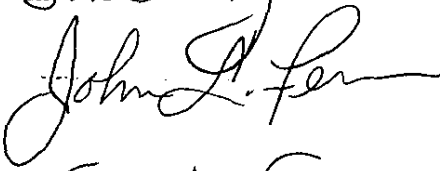
10/18/03
Date

561-746-5838
Daytime Phone #

CR2E040 (7/03)

To Whom it may concern,

I received no notice for the year 2003.
I am requesting that the fees be waived

Sincerely

JOAN L. FERRER