

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JAN -7 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000054633

1. Corporation Name

Jacksonville Wholesale Floral Company, Inc.

REINSTATEMENT 03-04

01/07/04-- **

800026325058

01/07/04--01022--001 **300.00

2. Principal Office Address

40 Phillips Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

40 Phillips Avenue

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, Florida

City & State

Ponte Vedra Beach, Florida

Zip

32082

Country

USA

Zip

32082

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/16/2002

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Laura A. Parrish

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

40 Phillips Avenue

Suite, Apt. #, Etc.

City

Ponte Vedra Beach

State
FL

Zip Code
32082

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

REGISTERED AGENT MUST SIGN

Date 12/30/2003

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DIR	H.S. Copeland	40 Phillips Avenue	Ponte Vedra Beach, FL 32082
DIR	Saul Goldberg	40 Phillips Avenue	Ponte Vedra Beach, FL 32082
DIR	Hyman Rothstein	40 Phillips Avenue	Ponte Vedra Beach, FL 32082
DIR	L.A. Copeland	40 Phillips Avenue	Ponte Vedra Beach, FL 32082

10. 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

12/30/2003 (904) 716-7363

Date

Daytime Phone #

CR2E081 (10/02)

**ALL APPLICATIONS NOT COMPLETED IN ACCORDANCE WITH THESE INSTRUCTIONS WILL
BE RETURNED FOR CORRECTION(S). PLEASE READ ALL INSTRUCTIONS CAREFULLY.**

INSTRUCTIONS FOR COMPLETING THE REINSTATEMENT APPLICATION

- Block 1** Enter the corporation name & document number on file with the Secretary of State in Block 1. The NAME of the corporation can be changed only by filing an amendment.
- Block 2** Type or print principal office address in Block 2.
- Block 3** Type or print the mailing address in Block 3. (NOTE: Annual reports will be mailed to the last known mailing address. Reports are not mailed to the registered office address.)
- Block 4** Enter the date of incorporation or qualification for this corporation.
- Block 5** Complete Block 5 by entering your Federal Employer Identification (FEI) number or checking off the appropriate box. If "applied for" was previously reported to this office, you MUST now include the FEI number or attach a photocopy of your application for the FEI number to this form or this application will be rejected. Call Internal Revenue Service at 1-800-829-1040 for FEI assistance.
- Block 6** Your cancelled check will be your filing acknowledgment unless a certificate of status is requested in Block 6 and an additional \$8.75 is submitted to cover its fee. Certificates of status will be mailed to the corporate mailing address unless accompanied by a cover letter indicating the name and address to whom the certificate should be mailed.
- Block 7** Enter name of the registered agent and/or address. (The registered office address must be a Florida street address.)
- Block 8** The designated registered agent must indicate familiarity with Section 607.0505, F.S., or 617.0503, F.S., and acceptance of its obligations and this appointment by completing and signing in Block 8. ALL REINSTATEMENTS MUST BE SIGNED BY THE REGISTERED AGENT in accordance with Section 607.1422(1)(b) or 617.1422(1)(b), F.S. If the registered agent does not sign, the application will be rejected.
- Block 9** Type or print the current officers/directors in the space provided in Block 9. Attach a separate sheet if necessary. In column 1 use the following or similar letters to designate appropriate corporate title(s): P=President, T=Treasurer, S=Secretary, V=Vice President, D=Director, C=Chairman, M=Manager, etc. If a person holds more than one position, enter all positions, e.g. S/D, V/D, P/V/D. A FLORIDA NONPROFIT CORPORATION MUST LIST ALL DIRECTORS (OR PERSON ACTING IN SUCH CAPACITY) THE NUMBER OF WHICH MAY NOT BE LESS THAN THREE (3) DIRECTORS OR TRUSTEES WITH THEIR STREET ADDRESSES. The letter "D" or "T" must appear beside the name and address of each director or trustee in the title portion. NOTE: A director must be a natural person 18 years of age or older. Florida Statutes requires a physical street address be given. The provision of a post office box in Block 9 is an affirmation under oath that no other address is available. If no officers/directors were previously given, they must now be designated.
- Block 10** This report must be signed by an officer or a director of the corporation that is listed in Block 9 or on an attachment. If the corporation is in the hands of a receiver, it must be signed by the trustee or receiver.

MAKE CHECKS PAYABLE TO DEPARTMENT OF STATE.

FEES:

	PROFIT CORPORATION	NON-PROFIT CORPORATION
Reinstatement Fee	\$600.00	\$175.00
Annual Report Fee	\$ 61.25 (for each year dissolved)	\$ 61.25 (for each year dissolved)
Corporate Supplemental Fee (Profit Corporations only)	\$ 88.75 (for each year dissolved 1992 forward)	N/A
Minimum Amount Due	<u>\$750.00</u>	<u>236.25</u>

Fees to Reinstate* Effective January 1, 2003

YEAR DISSOLVED	IF A PROFIT CORPORATION	IF A NON-PROFIT CORPORATION
1993	\$2,250.00	\$848.75
1994	2,100.00	787.50
1995	1,950.00	726.25
1996	1,800.00	665.00
1997	1,650.00	603.75
1998	1,500.00	542.50
1999	1,350.00	481.25
2000	1,200.00	420.00
2001	1,050.00	358.75
2002	900.00	297.50
2003	750.00	236.25

Mailing Address:

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

Courier Service Address:

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Internet Address:

<http://www.sunbiz.org>

(850) 245-6059

Hearing/Voice Impaired may
call (850) 245-6096 (TDD)

*If dissolved prior to 1993, call 850-245-6059 for filing fee information.

*Add additional \$8.75 for each certificate of status requested.

JACKSONVILLE WHOLESALE FLORAL COMPANY, Inc.
40 Phillips Avenue
Ponte Vedra Beach, Florida 32082

January 5, 2003

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

RE: REINSTATEMENT OF JACKSONVILLE WHOLESALE FLORAL COMPANY,
Inc.
P02000054633

Dear Sirs:

Jacksonville Wholesale never received notice for 2003 to file the corporation papers. I ask for the State of Florida to waive the reinstatement fee required. We had moved addresses and believe the Post Office did not forward all proper paperwork. Please find enclosed a cashiers check in the amount of **\$300.00 DOLLARS** for 2003 and 2004 fees related to Jacksonville Wholesale along with the Corporation Reinstatement form.

If any questions arise, please feel free to call me at (904) 716-7363.

Sincerely,


Laura A. Parrish

cc: H.E. Copeland