

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 11 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P020000065949

1. Corporation Name

Jupiter Fertilizer & Chemical
Distribution, Inc.

2. Principal Office Address

1532 Packwood Rd.

Suite, Apt. #, etc.

City & State

Juno Beach

Zip

33468

Country

U.S.

3. Mailing Office Address

1312 Commerce Lane 10A

Suite, Apt. #, etc.

10A

City & State

Jupiter

Zip

33458

Country

900037729379
06/08/04--01001--001 **900.00

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

6/13/2002

5. FEI Number

04-3685299

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

Simeon W. Winstead

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

1312 Commerce Lane

Suite, Apt. #, Etc.

Suite 10A

City

Jupiter,

State

FL

Zip Code

33458

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

Date 5/29/04

REGISTERED AGENT MUST SIGN

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
D	Simeon Winstead	1532 Packwood Rd	Juno Bch, FL 33468

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

5/29/04

Date

541-741-1339

Daytime Phone #

CR2E081 (07/04)