

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

96 DEC 31 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000074209**

1. Corporation Name

**HUGHES-TAYLOR FLORIST AND CATERING, INCORPORATE
D**

Principal Place of Business

3118 N. PEARL STREET
JACKSONVILLE FL 32206

Mailing Address

3118 N. PEARL STREET
JACKSONVILLE FL 32206

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

Not Incorporated or Qualified
To Do Business in Florida

10/10/1994

5. FEI Number

59-328 1098

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$2.75 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	HUGHES-TAYLOR, ANNETT B.	441 W. 16TH ST	JACKSONVILLE FL 32206
VP/D	TAYLOR, ALBERT	441 W. 16TH ST.	JACKSONVILLE FL 32206
AS/D	HUGHES, DEWITT T. I	3118 N. PEARL ST.	JACKSONVILLE FL 32206
T/D	HUGHES, DEWITT T. J	3118 N. PEARL ST.	JACKSONVILLE FL 32206
S/D	HUGHES, ANTHONY L.	3118 N. PEARL ST.	JACKSONVILLE FL 32206
D	BAKER, EUGENE	3118 N. PEARL ST.	JACKSONVILLE FL 32206

8. Name and Address of Current Registered Agent

HUGHES, DEWITT T
3118 N. PEARL STREET
JACKSONVILLE FL 32206

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

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.

Signature of
Registered Agent

Dewitt T. Hughes
REGISTERED AGENT MUST SIGN

Date

9-30-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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

Date

Daytime Phone #