

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

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

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

10/10/1994

5. FEI Number

59-3281098

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)

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
PD	HUGHES-TAYLOR, ANNETT B.	441 W. 16TH ST	JACKSONVILLE FL 32206
VPD	TAYLOR, ALBERT	441 W. 16TH ST.	JACKSONVILLE FL 32206
ASD	HUGHES, DEWITT T. I	3118 N. PEARL ST.	JACKSONVILLE FL 32206
TD	HUGHES, DEWITT T. J	3118 N. PEARL ST.	JACKSONVILLE FL 32206
SD	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

000002811150--8

03/18/99-01094-016

***1050.00 ***1050.00

State Zip Code

FL

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 3-5-99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

Anthony L. Hughes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-99 (904) 634-1239
Date Daytime Phone #

CR2E040 (8/97)