

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P95000049833**

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1. Corporation Name

FIFTY ONE FIFTY THREE GARDEN CENTER, INC.

Principal Place of Business

Mailing Address

6477 SOUTH MILITARY TRAIL
LANTANA FL 33463

6477 SOUTH MILITARY TRAIL
LANTANA FL 33463

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

5153 Southern Blvd

3. New Mailing Office Address, If Applicable

5153 Southern Blvd

Suite, Apt. #, etc.

W. Palm Beach, FL

Suite, Apt. #, etc.

W. Palm Beach, FL

City & State

City & State

W. Palm Beach, FL

Zip

33406

Country

Palm Beach

Zip

33415

Country

U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

06/23/1995

5. FEI Number

65-0593413

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
Pres	ERIC Gordon	852 Chase Rd	W. Palm Beach, FL 33415
Treas	CAROL Gordon	852 Chase Rd	W. Palm Beach, FL 33415
V. Pres	BRIAN E. JACQUES	1601 Glen Rd	W. Palm Beach, FL 33406

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*****375.00 ***375.00**

8. Name and Address of Current Registered Agent

GORDON, ERIC
6477 SOUTH MILITARY TRAIL
LANTANA FL 33463

9. Name and Address of New Registered Agent

Name
BRIAN E. JACQUES
Street Address (P.O. Box Number is Not Acceptable)
5153 Southern Blvd.
Suite, Apt. #, Etc.
W. Palm Beach
City
FL Zip Code
33415

10. I, being appointed the registered agent of the above named corporation, do hereby with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **9-19-96**

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: **ERIC Gordon**
BRIAN E. JACQUES
9-20-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #