

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000058550**

1. Corporation Name

**THE FRESH JUICE COMPANY OF FLORIDA, INC.**

Principal Place of Business

**330 N HWY #1  
FT. PIERCE FL 34950**

Mailing Address

**330 N HWY #1  
FT. PIERCE FL 34950**

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

4. Date Incorporated or Qualified  
To Do Business in Florida

**07/28/1995**

5. FEI Number

**59-3326045**

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	4 City / State / Zip
<del>CEO</del>	<del>ZEIGLER, JOSEPH</del>	<del>1519 N BROAD STREET</del>	<del>LANGDALE PA 19440</del>
<del>CEO</del>	<del>Romanzi, Kenneth</del>	<del>180 Mt. Airy Rd.</del>	<del>Basking Ridge, NJ 07920</del>
<del>CEO</del>	<del>ROMANSKI, KEN</del>	<del>280 WILSON AVENUE</del>	<del>NEWARK NJ 07105</del>
<del>CFO</del>	<del>Alan Geyer</del>	<del>180 Mt. Airy Rd.</del>	<del>Basking Ridge, NJ 07920</del>
<del>T</del>	<del>BARQUINJAMES, CURT</del>	<del>330 NORTH US HIGHWAY #1</del>	<del>FT. PIERCE FL 34950</del>
<del>VP</del>	<del>Peter Shobecoff</del>	<del>183 East Putnam St.</del>	<del>Greenwich, CT 06830</del>
<del>S</del>	<del>FONZI, IRENE</del>	<del>7500 COQUINA DRIVE</del>	<del>NORTH BAY VILLAGE FL 33141</del>
<del>VP</del>	<del>Louis Marinaccio</del>	<del>183 East Putnam St.</del>	<del>Greenwich, CT 06830</del>

8. Name and Address of Current Registered Agent

**FONZI, IRENE  
7500 COQUINA DRIVE  
NORTH BAY VILLAGE FL 33141**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

**400009241554  
11/27/02--01074--010 \*\*750.00**

City

State

**FL**

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. or 617.0505, F.S.

Signature of  
Registered Agent

**IRENE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

**11/8/02**

11. 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:

**IRENE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/8/02**  
Date

**305.756.6041**  
Daytime Phone #

CR2E040 (8/02)