

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
NOV 27 2002
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/28/1995	
City & State		City & State		5. FEI Number	
Zip		Country		59-3326045	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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
PGEO	ZEIGLER, JOSEPH	1519 N BROAD STREET	LANGDALE PA 19440
PGEO	Romanzi, Kenneth	180 Mt. Airy Rd.	Basking Ridge, NJ 07920
VOEO	ROMANSKI, KEN	280 WILSON AVENUE	NEWARK NJ 07105
CFO	Alan Geier	180 Mt. Airy Rd.	Basking Ridge, NJ 07920
T	BARQUINJAMES, CURT	330 NORTH US HIGHWAY #1	FT. PIERCE FL 34950
VP	Peter Shabecoff	183 East Putnam St.	Greenwich, CT 06830
S	FONZI, IRENE	7500 COQUINA DRIVE	NORTH BAY VILLAGE FL 33141
VP	Louis Marinaccio	183 East Putnam St.	Greenwich, CT 06830

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
City	11/27/02--01074--010 **750.00
State	FL
Zip Code	

CR2ED40 (8/02)

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

Date

Daytime Phone #

11/8/02

305.756.6041