

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

533 West Foothill Blvd.

Suite, Apt. #, etc.

City & State

Glendora, CA

Zip

91741

Country

USA

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PRES.	PETER SHABECOFF	183 E. PUTNAM STREET	GREENWICH, CT 06830
TREAS.	LOUIS MARINACCIO	183 E. PUTNAM STREET	GREENWICH, CT 06830
VP	LOUIS MARINACCIO	183 EAST PUTNAM STREET	GREENWICH, CT 06830
S	LOUIS MARINACCIO	183 E. PUTNAM STREET	GREENWICH, CT 06830
VP	MARINACCIO, LOUIS	183 EAST PUTNAM ST	GREENWICH, CT 06830

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FONZI, IRENE  
7500 COQUINA DRIVE  
NORTH BAY VILLAGE FL 33411

Name  
Agents and Coprations, Inc.  
Street Address (P.O. Box Number is Not Acceptable)  
Suite E, 773 9th Ave. North  
Suite, Apt. #, Etc.

City  
Naples

State

FL

Zip Code

34102

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

Stephanie Hernandez  
REGISTERED AGENT MUST SIGN

Date

8/9/04

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:

2/11/04

Louis Marinaccio July 15, 2004 (203) 862-3200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #