

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000007529

1. Corporation Name

Double J Nursery, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -9 PM 1:24

Principal Place of Business

19848 E. Altoona Rd.
Altoona, FL 32702

Mailing Address

P.O. Box 895294
Leesburg FL 34789

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

1/14/98

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3497896

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	Alene W. Robbins	19848 E. Altoona Rd.	Altoona FL 32702
V	Jeffrey S. Germeroth	27315 CR 44A	Eustis FL 32726
			800003051518--5 -11/22/99--01117--012 ****150.00 ****150.00
			DR 11/12

8. Name and Address of Current Registered Agent

G. Edward Clement
308 East Fifth Ave.
Mt. Dora FL 32757

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

G. Edward Clement

REGISTERED AGENT MUST SIGN

Date 11/3/99

11. This corporation owes 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:

Alene W. Robbins
Alene W. Robbins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/99

Date

352-742-3233

Daytime Phone #

CR2E081 (12-98)

DOUBLE J NURSERY, INC.
P.O. BOX 895294
LEESBURG, FLORIDA 34789
(352) 742-3233

November 4, 1999

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

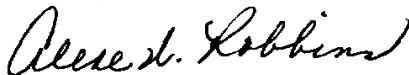
RE: Application of Reinstatement

Dear Sir or Madam:

Please find enclosed our Application for Reinstatement. Last year was our first year in business and I did not receive the Annual Report form to be filled out on the company. I was unaware that the company was deemed inactive until we applied for a sales tax exemption number. Accordingly, I graciously request that you waive any penalties which may have occurred regarding this matter and I have enclosed a check in the amount of \$150.00 which otherwise would have accompanied the Annual Report. If this is unacceptable, please notify me at your earliest convenience.

Thank you in advance for your attention and cooperation regarding this matter.

Sincerely,



ALENE W. ROBBINS

ar
Enclosure