

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -6 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100023549661

10/03/03--01080--008 **150.00

REINSTATEMENT 03

DOCUMENT # P98000007529

1. Corporation Name

DOUBLE J NURSERY, INC.

2. Principal Office Address

27315 CR 44A

Suite, Apt. #, etc.

City & State

EUSTIS, FL

Zip

32736

Country

LAKE

3. Mailing Office Address

27315 CR 44A

Suite, Apt. #, etc.

City & State

EUSTIS, FL

Zip

32736

Country

LAKE

4. Date Incorporated or Qualified
To Do Business in Florida

01-14-98

5. FEI Number

593497896

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JEFFREY S. GERMEROTH

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

27315 CR 44A

Suite, Apt. #, Etc.

City

EUSTIS, FL

State
FL

Zip Code

32736

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-01-03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
V	JEFFREY S GERMEROTH	27315 CR 44A	EUSTIS FL 32736
P	JEFFREY S GERMEROTH	27315 CR 44A	EUSTIS FL 32736

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1352 357 9390

Daytime Phone #

CR2E081 (10/02)

7/10/6

DOUBLE J **NURSERY**

**27315 CR 44A, Eustis, FL 32736
Office 352-357-9390
Fax 352-357-9255**

10-01-03

To: The Division of Corporations

**From: Jeffrey S. Germeroth (President)
Double J Nursery, Inc.**


**Subject: Delinquent Uniform Business Report/Admin. Dissolution
Re: Document #P98000007529, FEI #593497896**

I have recently received notice, that my business had been dissolved due to the Division of Corporations, having not received my Uniform Business Report (UBR) for the year 2003. Upon investigation and contact with the Division of Corporations, it was discovered that the UBR for 2003 had been sent to the wrong address and was returned by the US Postal Service, to the Division of Corporations.

During that telephone contact, a Representative from the Division of Corporations looked up my file and instructed me to submit a Corporation Reinstatement Form and \$150.00 for the reinstatement fee.

Enclosed are the required cashier's check, payable to the Florida Department of State and the completed Reinstatement Form, necessary to satisfy these requirements. Thank you sincerely for your assistance in resolving these matters.

Regards


**Jeffrey S. Germeroth (President)
Double J. Nursery, Inc.**