

CAPITAL CONNECTION

850 222 1222

11/30 '01 14:32 NO.147 01/02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P98000073255**

1. Corporation Name

Jupiter Mulch, Inc.

2. Principal Office Address

9938 Woodwind Lane

3. Mailing Office Address

9938 Woodwind Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Lake Worth, FL

City &amp; State

Lake Worth, FL

Zip

33467

Country

Palm Beach

Zip

33467

Country

Palm Beach

4. Date Incorporated or Qualified  
To Do Business in Florida

08/20/1998

5. FEI Number

650871320

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required  
for a Certificate of Status

000004717720--9

-12/11/01--01008--005

\*\*\*\*\*8.75 \*\*\*\*\*8.75

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\*\*\*\*750.00 \*\*\*\*750.00

FILED

01 DEC -3 PM 12:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 7. Name and Address of Current Registered Agent

Name

Casey, Daniel J.

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

9938 Woodwind Lane

Suite, Apt. #, Etc.

City

Lake Worth

State  
FLZip Code  
33467

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 11/30/2001

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

| Titles    | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip   |
|-----------|--------------------------------------|---------------------------------------------------|----------------------|
| President | Daniel J. Casey                      | 9938 Woodwind Lane                                | Lake Worth, FL 33467 |
|           |                                      |                                                   |                      |
|           |                                      |                                                   |                      |
|           |                                      |                                                   |                      |
|           |                                      |                                                   |                      |
|           |                                      |                                                   |                      |

REINSTATEMENT

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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)(f), 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

11/30/2001

Daytime Phone #  
(904) 784-8426