

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC 11 PM 5:05

DOCUMENT # P98000094165

1. Corporation Name

FIVE C'S NURSERY, INC.

Principal Place of Business

Mailing Address

7928 SOUTH MILITARY TRAIL  
LAKE WORTH FL 33463

7928 SOUTH MILITARY TRAIL  
LAKE WORTH FL 33463



REINSTATEMENT 00

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

11/05/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0878534

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	COHENS, MIKE	7928 S. NULIHAR TRAIL	LAKE WORTH FL 33463
VP	COHEN, NORMAN	19513 RINALDI ST.	NORTH RIDGE CA
S	COHEN, EMMA	19513 RINALDI ST.	NORTH RIDGE CA
			800003505868--6 -12/19/00--01059--009 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CONWAY, JEANNE O  
580 VILLAGE BLVD, SUITE 160  
WEST PALM BEACH FL 33409

Name

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

Suite, Apt. #, Etc.

City

State

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

*Michael Cohen*  
REGISTERED AGENT MUST SIGN

Date 12/5/2000

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:

*Michael Cohen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/5/2000 561-  
Date Daytime Phone #

CR2ED40 (8/00)