

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S88810**

1. Corporation Name

FOX HILL NURSERIES, INC.

Principal Place of Business

**9455 CLINT MOORE ROAD
BOCA RATON FL 33496**

Mailing Address

**9455 CLINT MOORE ROAD
BOCA RATON FL 33496**

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

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/21/1991

5. FEI Number

65-0295919

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	TAKOUNI, IRENE	5839 W MAPLE #109	WEST BLOOMFIELD MI
P	CYRULNIK, LEONARY	9748A BOCA GARDENS CIR N.	BOCA RATON FL
P	CYRULNIK, LEONARD	20365 HACIENDA CT.	BOCA RATON FL 33498 900002346485 -11/13/97--01070--023 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

**COPELAND, ANDY
1555 PALM BEACH LAKES BLVD
SUITE 1510
WEST PALM BEACH FL 33401**

9. Name and Address of New Registered Agent

Name

LEONARD CYRULNIK

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

20365 HACIENDA CT.

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33498

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

Date **11-4-97**

11. This corporation owes or has paid 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**11-4-97 (561)
4833303**

APPROVED
AND
FILED

97 NOV 10 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 99

CR2E040 (8/97)