

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

1996 NOV -4 PM 12:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V04013**

1. Corporation Name

**E.M. &J. PRINCE, INC.**

Principal Place of Business

11170 CURRY DRIVE  
PALM BEACH GARDENS FL 33418

Mailing Address

11170 CURRY DRIVE  
PALM BEACH GARDENS FL 33418

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

12/31/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0318377

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

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
D	PRINCE, JEFFREY	11170 CURRY DRIVE	PALM BCH GARDENS FL

200002001042--5  
-11/08/96--0111--013  
\*\*\*375.00 \*\*\*375.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

BERNSTEIN, ALAN  
5033 OKEECHOBEE BLVD.  
W PALM BEACH FL 33417

9. Name and Address of New Registered Agent

Name

ALAN BERNSTEIN

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

4869-4 OKEECHOBEE BLVD.

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33417

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

ALAN BERNSTEIN

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/11/96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-9-96

561-6241091