

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

FILED

97 DEC -9 PM 2:59

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **L26206**

1. Corporation Name  
**TROPIC SANDS REALTY, INC.**

Principal Place of Business <b>6858 G RIDGEWOOD          HARBOR OAKS FL 32127          US</b>	Mailing Address <b>6858 G RIDGEWOOD          C/O ELIA E. PERESSINOTTO          HARBOR OAKS FL 32127          US</b>
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <b>3616 SOUTH ATLANTIC AVE.          SUITE, APT. #, ETC.          UNIT F          DAYTONA BEACH SHORES, FL.          Zip 32127 Country</b>	3. New Mailing Office Address, If Applicable <b>P.O. BOX 7604          SUITE, APT. #, ETC.          DAYTONA BEACH SHORES, FL.          Zip 32116 Country</b>	4. Date Incorporated or Qualified To Do Business in Florida <b>10/30/1989</b>
5. FEI Number <b>59-2973480</b>		Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		<b>\$8.75 Additional Fee required for a Certificate of Status</b>

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	PERESSINOTTO, ELIA E.	5858 G RIDGEWOOD	HARBOR OAKS FL
		3757 S. ATLANTIC AVE #705 DAYTONA BEACH SHORES, FL. 32127	

700002370027-4  
 12/12/97-01004-009  
 \*\*\*\*750.00 \*\*\*\*750.00

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 36 12-11-97

8. Name and Address of Current Registered Agent <b>PERESSINOTTO, ELIA E.          101 BENT TREE DRIVE          DAYTONA BEACH FL 32114</b>	9. Name and Address of New Registered Agent <b>3757 S. ATLANTIC AVE #705          DAYTONA BEACH SHORES,          FL. 32127</b>
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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 Elia E. Peressinotto Date 11-30-97  
 REGISTERED AGENT MUST SIGN

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: Elia E. Peressinotto Date 11-30-97  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2500 (8/97)