

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000125882**

1. Corporation Name

TROPICAL LENDING INC.

Principal Place of Business

405 NE 2ND AVE
HALLANDALE FL 33009

Mailing Address

405 NE 2ND AVE
HALLANDALE FL 33009

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/26/2002

5. FEI Number

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	JERUSALMI, DANIEL	405 NE 2ND AVE	HALLANDALE FL 33009
P	VAHNISH, MORRIS	405 NE 2ND AVE	HALLANDALE FL 33009

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JERUSALMI, DANIEL
405 NE 2ND AVE
HALLANDALE FL 33009

Name

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

Suite, Apt. #, Etc.

City

State
FL

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/16/03

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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TROPICAL LENDING INC.
405 NE 2 AVE
HALLANDALE, FL 33009

October 16, 2003

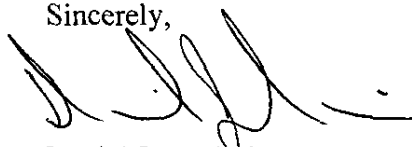
Re: Document Number: P02000125882

To Whom It May Concern:

This letter is to inform you that we did not receive any prior UBR notices regarding our corporation and that is the reason why we failed to file our 2003 corporation annual report/uniform business report.

If you have any questions, please feel free to call me at (954) 444-6403.

Sincerely,



Daniel Jerusalmi
Registered Agent and President