PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. PAGE 1 of 2

APPLICATION FOR REINSTATEMENT

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

FILED
03 OCT 21 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400023979544
10/21/03--01093--028 **150.00

DOCUMENT # **P02000125882**

1. Corporation Name

TROPICAL LENDING INC.

Principal Place of Business	Mailing Address
405 NE 2ND AVE HALLANDALE FL 33009	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
	REINSTATEMENT 03 TO		

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

CR2E040 (7/03)

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 Date: 10/16/03

REGISTERED AGENT MUST SIGN

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 10/16/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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