

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
00 SEP 29 PM 12:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000033443

1. Corporation Name

TROPICAL KING CORPORATION

2. Principal Office Address

22820 State Road #54

Suite, Apt. #, etc.

City & State

Lutz, FL

Zip

33549

Country

US

3. Mailing Office Address

2620 Hunt Road

Suite, Apt. #, etc.

City & State

Land-O-Lakes, FL

Zip

34639

Country

US

**REINSTATEMENT**

*2007*

4. Date Incorporated or Qualified  
To Do Business in Florida

4/26/95

5. FEI Number

59-3311627

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name

Bruce H. Gordon, c/o Shumaker, Loop & Kendrick

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

101 E. Kennedy Boulevard

Suite, Apt. #, Etc.

Suite 2500

City

Tampa

600003409726--5

09/29/00--01065--001

\*\*\*1676.25 \*\*\*\*750.00

State  
FL

Zip Code  
33602

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Bruce H. Gordon* 9/28/00  
REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Miguel, Alexander M.	7305 Egypt Lake Drive	Tampa, FL 33614
D	Miguel, Higinio (Dr.)	7305 Egypt Lake Drive	Tampa, FL 33614
DL	Miguel, Nancy	7305 Egypt Lake Drive	Tampa, FL 33614

LS

10. 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

9-28-00

Date

817-909-0058

Daytime Phone #