

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SEL. DIVISION

06 OCT 30 PM 2:05

**DOCUMENT # 180050**

1. Corporation Name

Tropical Tiles, Inc.

2. Principal Office Address

184 Bahama Blvd.

Suite, Apt. #, etc.

City & State

Cocoa Beach, FL

Zip

32931

Country

U.S.

3. Mailing Office Address

184 Bahama Blvd.

Suite, Apt. #, etc.

City & State

Cocoa Beach, FL

Zip

32931

Country

U.S.

**REINSTATEMENT 99-06**

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

8/12/54

5. FEI Number

59 0719650

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

WHWW, Inc.

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

390 North Orange Avenue

Suite, Apt. #, Etc.

15th Floor

City

Orlando

State

FL

Zip Code

32801

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

*Richard H. Corry* U.P.

Date 10/27/06

REGISTERED AGENT MUST SIGN

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
P/S/T/D	Richard H. Corry	10 Manor Lane	Bridgeton, NJ 08302

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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 contained in Chapter 119, 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:

*Richard H. Corry*

Richard H. Corry

10/25/06 (856)455-1098

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #