PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 11 PM 3:14

DOCUMENT # 713949

1. Corporation Name

TROPICAL MANOR APARTMENTS, INC.

800004641908--3
-10/18/01--01057--005
****542.50 ****542.50

REINSTATEMENT 96-01

2. Principal Office Address		Mailing Address	
1165 Jordan Road		1165 Jordan Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Merritt Island, Fl.		Merritt Island, Fl.	
Zip	County	Zip	County
32953	Brevard	32953	Brevard

4. Date Incorporated or Qualified To Do Business in Florida: 1-16-68

5. FEI Number: 591233231 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: W.O. Wells

Street Address (P.O. Box Number is Not Acceptable): 213 Stone Street

Suite, Apt. #, Etc.:

City: Cocoa | State: FL | Zip Code: 32922

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: W.O. Wells REGISTERED AGENT MUST SIGN Date: 10/4/01

CR2E031 (8/00)

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PC	W.O. Wells	246 Orange Street	Cocoa, FL. 32922
VPC	Nathaniel Hooks	723 Carissa Ave.	Cocoa, FL. 32922
T	Matthew Ford	709 Hughlette Ave.	Cocoa, FL. 32922
S	Flora Jackson	5110 Dallhurst Drive	Cocoa, Fl. 32926
T	Joseph Jackson	610 Stone Street	Cocoa, FL. 32922
T	Mary Dempsey	843 Alvondale	Rockledge Fl 32955

10. I certify that I am an officer or director of the corporation 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: W.O. Wells W. O. Wells, President 10/4/01 321-636-7178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #