


APPLICATION FOR  
REINSTATEMENT  
OF LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE  
B. J. ...  
Secretary of State  
SIGNATURE OF OFFICIAL

DOCUMENT # A95000000676

1. Name of Limited Partnership  
TROPICAL KING LIMITED PARTNERSHIP

2. Mailing Address  
22820 State Road 54  
Suite, Apt. #, etc.  
City & State  
Lutz, FL  
Zip  
33549  
Country  
USA

3. Principal Office Address  
22820 State Road 54  
Suite, Apt. #, etc.  
City & State  
Lutz, FL  
Zip  
33549  
Country  
USA

4. Date Formed or Registered  
To Do Business in Florida  
04/28/1995

5. FEI Number  
59-3311634  
Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. State or Country of Formation  
FL

8a. Capital Contributions as Shown on Record  
\$200,000.00

8b. Amount of Capital Contributions in FLORIDA to date

FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.  
2.) Supplemental Fee(s): \$103.75 for each year due this office, beginning with 1992 calendar year.  
3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.  
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent  
Gordon, Bruce H  
c/o Shumaker, Loop & Kendrick  
101 East Kennedy Blvd, Suite 2800  
Tampa, FL 33602

10. If changed, new registered agent/office  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, etc.  
City  
FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Names of General Partner(s)  
Tropical King Corporation

Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)  
7305 Egypt Lake Drive

City, State and Zip Code  
Tampa, FL 33614

11a. Registration Document Number  
P95000033443

UUUUUU2239850---4  
-03/22/97-01123-006  
\*\*\*1582.50\*\*\*1091.25

REINSTATEMENT 97-98

OC 9-18

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE 9-17-97

Typed or Printed Name of General Partner Signing Form Alexander M. Miguel Telephone Number 813/949-0433