

PLEASE READ ALL INSTRUCTIONS BEFORE CO

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17 1997 8:00 am
Secretary of State

DOCUMENT # **F67287**

*1996 Reinstatement
and 1997 Annual Report*

1. Corporation Name

TROP-EXOTIC, INC.

Principal Place of Business

8523 S.W. 3RD PLACE
GAINESVILLE FL 32607

Mailing Address

8523 S.W. 3RD PLACE
GAINESVILLE FL 32607



03/18/97--01092--005
****303.75 ****303.75

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

4. Date Incorporated or Qualified
To Do Business in Florida

02/15/1982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2192891

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	RIEHL, WILLIAM H	8523 S.W. 3RD PLACE	GAINESVILLE FL 32607
S	RIEHL, KATHERINE	8523 SW 3RD PLACE	GAINESVILLE FL
V	WERNER, WAYNE	17372 W. MAIN ST.	CUT OFF LA
D	WERNER, DEBRA	17372 W. MAIN ST.	CUT OFF LA
			200002116502--0 -03/18/97--01092--006 ****236.25 ****236.25
			REINSTATEMENT 1996

8. Name and Address of Current Registered Agent

RIEHL, WILLIAM H
8523 S.W. 3RD PLACE
GAINESVILLE FL 32607

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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.

Signature of
Registered Agent

William H. Riehl

REGISTERED AGENT MUST SIGN

Date 10-19-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

William H. Riehl

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-19-96 904-332-xxxx

Date

Daytime Phone #

CR2040 (7/96)