

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

1. Corporation Name  
TROP-EXOTIC, INC.

1996 Reinstatement  
and 1997 Annual Report

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	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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

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-03/18/97--01092--006  
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REINSTATEMENT 1996

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

Name	A. Mew	
Street Address (P.O. Box Number is Not)	217147	
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 #

CR2E040 (7/96)