PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

97AR

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

APPROVED AND FILED
97 NOV 14 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H81246

1. Corporation Name
SOUTHEAST FLORIDA TROPICAL VENTURES, INC.

Principal Place of Business	Mailing Address
20303 LIONSGATE LANE HUMBLE TX 77338	20303 LIONSGATE LANE HUMBLE TX 77338

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
1829 BERING DRIVE
Suite, Apt. #, etc.
UNIT #5
City & State
HOUSTON, TX
Zip 77057 Country HARRIS

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 10/17/1985

5. FEI Number 76-0187788 ☐ Applied For ☐ Not Applicable

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	FITZGERALD, BEVERLY A.	20303 LIONSGATE LANE	HUMBLE TX
VPT	FITZGERALD, RAYMOND H.	20303 LIONSGATE LANE	HUMBLE TX
EVP	BINGHAM, ROBERT A	6116 SKYLINE DRIVE #206	HOUSTON TX
CS	COLE, JO ANN	6116 SKYLINE DRIVE #206	HOUSTON TX

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****758.75 ****758.75

11/14

8. Name and Address of Current Registered Agent

CHAVES, ALICE L.
412 SE 11TH TERRACE
DANIA FL 33004

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State FL Zip Code

CR2E040 (8/97)

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 Alice L. Chaves Date 11/7/97
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: Beverly A Fitzgerald 11/3/97 (713) 785-9355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
BEVERLY A. FITZGERALD