## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION** FOR RÈINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** 

K11029

1. Corporation Name

TROPITECH COATINGS AND RESEARCH, INC.

Principal Place of Business

Malling Address

3706 MERCANTILE AVENUE

3706 MERCANTILE AVENUE



97 OCT 27 AM 11: 32

SECRETARY OF STATE TALLAHASSEE, FLORIDA



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	addresses are incorrect in any way, line t							
	rincipal Office Address, If Applicable		New Malling Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business In Florida 12/17/1987		
Suite, Apt.	. #, etc.	Sulte, Apt. #	Sulte, Apt. #, etc.  City & State		5. FEI Number Applied For		Applied For	
City & Sta	le	City & State				65-0111279 Not Applic		
Zip	Country	Zip	Coun	itry	GERTIFICAT		5 Additional Fee required or a Certificate of Status	
7. Names	and Street Addresses of Each Officer ar	nd/or Director (Fig	orida nonprofit corpo	rations must list at I	least 3 directors)			
Title(s)	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)		tor	City / State / Zip			
PD	KOEBERT, FRAN	DEBERT, FRAN 8779 E			79 EXETER ST.		FT. MYERS FL	
٧	KOEBERT, LINDA	8779 EXETER			FT MYERS FL			
ST	REDD, KIM		3720 17TH AVENUE SW			NAPLES FL		
					MEIN	TATEMEN	a clan	
	8. Name and Address of Currer	nt Realstered Ag	<u> </u> ent	9. Name and Address of New Registered Agent		pent 7/0/		
				Name			<b>8</b>	
KOEBERT, FRAN 8779 EXETER				Street Address (P.O. Box Number   Not   Address   1888   1888   1889   1				
FT. MYERS FL 33907				Suite, Apt. #, E	Sulte, Apt. #, Etc. *****75875 *****75875		****758.75	
•				City		State FL	Zip Code	
10. I, bein Signature Registered	d Agent	1	oration, am familiar	with and accept the	obligations of Sec	Date 240()	97	
	nis corporation owes or l tangible Personal Prope			ear Yes 🗵			e for Information gible tax.)	
12. I certif	y that I am an officer or director or the rec	ceiver or trustee el	mpowered to execut	te this application as	s provided for in ch	apter 607 or 617, F.S. I further o	pertify that when filing	

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.

FRAN KOEBERT - PRES 240C797 800.533-8325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #