

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 APR -8 AM 10:08

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **K76030**

1. Corporation Name

TROPICAL GARDENS FISH FARM, INC.

Principal Place of Business

Mailing Address

~~% ROBERT A. HAMMAR
 BOX 201
 RIVERVIEW FL 33569~~

~~% ROBERT A. HAMMAR
 BOX 201
 RIVERVIEW FL 33569~~



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

REINSTATEMENT 01-02

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

John H Schultz SR

John H Schultz SR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

15160 MCGRADY RD

PO BOX 526

City & State

City & State

BALM FL

BALM FL

Zip **33503**

Country **USA.**

Zip **33503**

Country **USA.**

4. Date Incorporated or Qualified To Do Business in Florida

04/01/1989

5. FEI Number

59-2940461

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	4 City / State / Zip
S	HAMMAR, ROBERT A.	P.O. BOX 201 N/A	RIVERVIEW FL
S	HAMMAR, CAROL A.	P.O. BOX 201 N/A	RIVERVIEW FL
CEO	John H. Schultz SR	15160 MCGRADY RD. FL 33503	BALM, FL 33503
P	DIRK M. DRESSIG	15160 MCGRADY RD.	BALM, FL 33503
			200005315172--4 -04/22/02--01113--022 ***308.75 ***308.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~HAMMAR, ROBERT A.
 BOX 201
 RIVERVIEW FL 33569~~

**John H. Schultz SR
 15160 MCGRADY RD
 BALM, FL 33503**

Name

John H. Schultz SR

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

15160 MCGRADY RD

Suite, Apt. #, Etc.

City

BALM

State

FL

Zip Code

33503

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

John H. Schultz SR
 REGISTERED AGENT MUST SIGN

Date **APR 1, 2002**

11. 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:

John H. Schultz SR
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 1, 2002 813-634-2168
 Date Daytime Phone #

CR2E040 (8/01)