

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



John Smith  
Secretary of State  
DIVISION OF CORPORATIONS

**L99000007892**  
**FILED**

02 DEC -3 PM 2:44

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJM**

1. DOCUMENT # L99000007892

Name and Mailing Address

0009155 01 FP 0.352 \*\*PRSRT HQ 0 0615 32168-620312

TROPICAL MARKETING ASSOCIATES, L.L.C.  
912 FAULKNER STREET  
NEW SMYRNA BEACH FL 32168-6203



12/3 2002

2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

11/18/1999

Principal Place of Business

912 FAULKNER STREET  
NEW SMYRNA BEACH FL 32168

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

59-3609485

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

Spiegel & Utrera, P.A.

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

1840 Southwest 22 Street

4th Floor

City

Miami

FL

Zip Code

33135

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*Natalia Utrera*  
Natalia Utrera, Vice President

Date

12/2/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	SHOEMAKER, ALBERT M III	912 FAULKNER STREET	NEW SMYRNA BEACH FL 32168
MGR	SHOEMAKER, DIANE S	912 FAULKNER STREET	NEW SMYRNA BEACH FL 32168

400009441464  
12/10/02--01090--001 \*\*150.00

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

*Albert M Shoemaker*

Date

11-21-02

Daytime Phone #

386-428 9586

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)