PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

N93000004731 DOCUMENT

1. Corporation Name

01 DEC 10 AM 10: 45

	THUP	ICAL COVE HO	MEOVINE	:H5' A3	SOU	JATION, IN	10	•	· •	70		
Principa Place of Business			Mailing Address									
				ISLAND FL 32952)	EMSTATEMENT O				
If above addresses are incorrect in any way, line through incorrect in)) i		a i dimient		1	
	Address, If Applicable	ing Office Address, If Applicable			\dagger	Date Incorporated or Qualified To Do Business in Florida						
Suite, Apt. #, etc. Suite, Apt.				, etc.			-	10/20/1993				
City & State City & St				e				59-3207627 Applied For Not Applicable				
Zip	Country			Country			1	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)												
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director					City / State / Zip			
- DSDT	PALIN, JENIFER M			1100 TROPICAL COVE DR					MERRITT-ISLAND-FL-32952			
—DP——	TEEHAN, PAUL A J			3151 BLUE HORIZON CT					MERRITT-ISLAND FL 32952			
DV	MENYHART, LISSA			3172 SUNSET BEACH CT				MERRITT ISLAND FL 32952 0000047292503				
DP -	PALIN	MOGTEOPICAL GOVE DR					-12/17/0101085015 Heat \$4236-25 \tau \tau \tau \tau \tau \tau \tau \tau					
Dv.	DUTTER, KEHH			3132 PEACEFUL ISLA				E CT. HERR. H ISL FLA 32952				
DSDT	PALIN	TENIFER M. e and Address of Current	Pagistered Age	uco T	Boo's	CAL COOVE E	Σ⁄Ω		Hereith ISC.		329.52	
<u> </u>	0. 144111	e and Address Of Current	ent		Name	_	9. Name and Address of New Registered Agent					
PALIN, JENNIFER					Street Address (Box Number is Not Acceptable)				
	TROPICAL C TT ISLAND I		Sung Abry Fic				Tropsca / Coverr					
				chy Mo		1 + Sland State Zip Code ST						
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 Publisher REGISTERED AGENT MUST SIGN												
11 Logdify that Lam an officer or director or the receiver or tructed empowered to execute this application as provided for in about 507 or 617 F.C. I further contify that when filling												

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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR