

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JAN -3 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-01/22/02--01024--002
****750.00 ****750.00

DOCUMENT # *P00000046157*

1. Corporation Name

Tropical CHeESEStEAK, Inc.

2. Principal Office Address

10305 GREENHEDGES DR

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33626

Country

Hills

3. Mailing Office Address

PO Box 25452

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33622

Country

Hills

REINSTATEMENT

2001

4. Date Incorporated or Qualified
To Do Business in Florida

MAY 2000

5. FEI Number

59-3732308

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ROY D. VANCE

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

10305 GREENHEDGES DR

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33626

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date *12-31-01*

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	<i>ROY D. VANCE</i>	<i>10305 GREENHEDGES DR</i>	<i>TAMPA FL 33626</i>
VP	<i>PHILIP K. VANCE</i>	<i>37335 Church St</i>	<i>DADE City FL 33525</i>

10. 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:

[Signature] *ROY D. VANCE*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-31-01
Date

813-926-3273
Daytime Phone #

CR2E001 (9/00)