

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 OCT 13 PM 3:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000046157

1. Corporation Name

TROPICAL CHEESESTEAK INC.

400161648614  
10/13/09--01034--008 \*\*750.00

**REINSTATEMENT 09**

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

8003 CITRUS PARK MAIL

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 997

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

City & State

DADE CITY, FLORIDA

Zip

33625

Country

HILLSBOROUGH

Zip

33525

Country

PASCO

4. Date Incorporated or Qualified  
To Do Business in Florida

5-5-2000

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

PHILLIP K. VANCE

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

37335 CHURCH AVE

Suite, Apt. #, Etc.

City

DADE CITY

State

FL

Zip Code

33525

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

Philip K Vance

REGISTERED AGENT MUST SIGN

Date 10-1-09

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
P	PHILLIP K VANCE	37335 CHURCH AVE	DADE CITY, FL 33525

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 contained in Chapter 119, 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:

Philip K Vance

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-1-09

Date

Daytime Phone #

10/13  
aw