

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

2010-2014



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

14 DEC -4 AM 8:58

ALLAHASSEE, FLORIDA

DOCUMENT # P000000069895

1. Corporation Name

Tropical Bay INN Motels INC

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

22968 Bayshore Rd  
Suite, Apt. #, etc.

3. Mailing Office Address

22968 Bayshore Rd  
Suite, Apt. #, etc.

City & State

Port Charlotte FLA

City & State

Port Charlotte FLA

Zip

Country

33980

Zip

Country

33980

4. Date Incorporated or Qualified  
To Do Business in Florida

7/2000

5. FEI Number

65-1047415

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (11/10)

7. Name and Address of Current Registered Agent

Name

Alisa DeLucia

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

22968 Bayshore Rd

Suite, Apt. #, Etc.

City

Port Charlotte

State

FL

Zip Code

33980

500267118415  
12/04/14--01024--014 \*\*1350.00

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

Alisa DeLucia

REGISTERED AGENT MUST SIGN

Date

11/24/14

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
president	Alisa DeLucia	22968 Bayshore Rd	Port Charlotte FL 33980

10. E-mail Address:

Tropical Bay INN@aol.com  
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted on a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Alisa DeLucia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/24/14

Date

Daytime Phone #