## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORMO

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•	RPORAT STATEM				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS					03 NOV -3 PM 12: 4 1 SECRETARY OF STATE TALLAHASSEE, FLORIDA						
DOCUMENT # P00000088753												)	i dustri		<u> </u>	
TROPICAL PALM CAFE, INC.										<b>90</b> 11/03/	(OO; (03)	2 <b>4</b> :	375 2010	329 **1	્ર ∋ ∦ે 50.00	
2. Principa	l Office Addre	ess			3. Mailing Office Address .				1						-	
'					754 Neapolitan Way					REI	NS	$\Gamma L$	4-4-4V	IFN	$\mathbf{T}$ $\gamma$	
754 Neapolitan Way										8 4 May 8 1			. <b>J</b>	و وجون	(\$\cdot(\cdot))	
Suite, Apt. #, etc.					Suite, Apt. #, etc.					Data Income	oreted or	Ouglifia	-		1, 10	
										4. Date Incorporated or Qualified To Do Business in Florida 9/1/00						
City & State					City & State					5. FEI Number Applied For						
Na	Naples, FL				Naples, FL					59-3		5.4		-	Not Applicable	
Zip	<del></del>				Zip	]	Country		6.	33-3	9070	34	60	76		
34	103	US			34103	۱ ۱	USA	1		CERTIFICATE	OF STATI	J\$ DESIR			ional Fee required ificate of Status	
		0.0								4						
	7. Name and Address of Current Registered Agent  Name  Joseph B. Okuniewicz  Street Address (P.O. Box Number is Not Acceptable)  1324 Morningside Drive  Suite, Apt. #, Etc.															
	City Naples									State Zip Code FL 34103						
8. I, being	appointed the	register	red agent o	of the abov	e named corpo	oration, am fa	miliar with	and accept the	obligati	ions of section	n 607.05	05 or 61	7.0503, F.S	S.		
Signature of Registered Agent Date REGISTERED AGENT MUST SIGN																
				- KE	GISTERED AG	ENIMUSI	SIGN					٠			Ø(cs	
9. Names	and Street Ad	ddresses	s of Each (	Officer and	or Director (Flo	rida nonprof	it corporat	ions must list at l	least 3	directors)						
Titles	Name of Officers and/or Directors						Street Address of Each Officer and/or Director								25 XC	
P,T,D	Joseph B. Okuniewi				vicz	1324	Moı	ningsi	de 1	Drive	Nap	les	, FL	341	03	
VP,S,D	Jacque	eline	<b>A.</b> C	kunie	wicz	1324	Mor	ningsid	le_I	Drive	Nap	les,	FL	341	03	
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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 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.																
SIGNAT	TURE:	ZONA GNATUR	B, G	EUNA ED OR PRI	LUUM NTED NAME OF			Okuniewie	CZ	/ 10/29	0/03 Date		239~6	49-6	102.	
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## Tax Amnesty Agreement Effective July 1 to October 31, 2003

Eligible businesses and individuals may pay taxes and interest owed to the State of Florida without penalty and at discounted interest under a Tax Amnesty Program that is in effect from July 1 – October 31, 2003. The amnesty program applies to all taxes administered by the Florida Department of Revenue except unemployment tax and Miami-Dade Lake Belt mitigation fees. It is available for eligible taxpayers who owe taxes that were due on or before June 30, 2003.

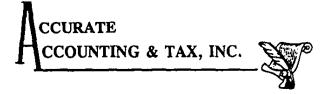
If you wish to participate in the amnesty program, you must submit a Tax Amnesty Agreement.

For more information about filing and paying tax, see the reverse side of this form.

To be eligible to participate in the amnesty program, I (the taxpayer) affirm and agree that:

- I give up my right to contest the tax and interest I report under amnesty.
- I withdraw any pending protest or proceeding about the tax and interest I report under amnesty and understand that any protest or proceeding cannot be refiled.
- I have not previously entered into a settlement of liability with the Department for any state tax or local option tax that I report under amnesty.
- I give up my right to claim a refund of tax or interest I pay under amnesty and my right to protest the Department's denial of any claim I make for a refund of tax or interest I pay under amnesty.
- Any credit or refund of tax or interest I pay under amnesty is limited to amounts paid in error, as determined by the Department.
- I have not been convicted of a crime involving a revenue law of this state.
- I understand that the Department may reconsider any amnesty given me if I misrepresent my eligibility to participate
  or I file false or fraudulent returns and forms under amnesty.

## A BETTER USINESS & TAX SERVICE, INC.



October 29, 2003

Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee FL 32314-6327

Re.: TROPICAL PALM CAFÉ, INC.

754 Neapolitan Way Naples, FL 34103 FEIN: 59-3667654 DOC #: P00000088753

Please find attached the Application for Reinstatement for the year 2003 for the above mentioned client. Also attached is check #1099 in the amount of \$150 to cover the annual filing fee.

Mr. Okuniewicz's mailing address had changed. As a result, he never received the annual report. Therefore, we request that any late fee for the year 2003 be waived. Note: We have entered a new Registered Agent and Officer/Director's Address so that future correspondence will be received and filed in a timely manner.

Any further questions regarding this matter can be directed to me at this office Monday through Friday, between the hours of 11:00 A.M. and 5:00 P.M.

Sincerely,

Helen Watson President

HW/jaa

Attachments