

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV -3 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000088753

1. Corporation Name

TROPICAL PALM CAFE, INC.

900024375329
11/03/03--01032--010 **150.00

REINSTATEMENT

2. Principal Office Address

754 Neapolitan Way

Suite, Apt. #, etc.

3. Mailing Office Address

754 Neapolitan Way

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34103

Country

USA

City & State

Naples, FL

Zip

34103

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/1/00

5. FEI Number

59-3667654

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

Joseph B. Okuniewicz

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

1324 Morningside Drive

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34103

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

REGISTERED AGENT MUST SIGN

Date

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,T,D	Joseph B. Okuniewicz	1324 Morningside Drive	Naples, FL 34103
VP,S,D	Jacqueline A. Okuniewicz	1324 Morningside Drive	Naples, FL 34103

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph B. Okuniewicz

Date

10/29/03

Daytime Phone #

239-649-6333

CR2E081 (10/02)



Tax Amnesty Agreement
Effective July 1 to October 31, 2003

DR-100000
N. 06/03

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.

Please provide all information requested below:

Taxpayer name Joseph B. Okuniewicz Date 10/29/03

Preparer name (if other than taxpayer) Helen Watson
I represent the taxpayer and certify that I have in my possession a power of attorney that authorizes me to represent this taxpayer for purposes of amnesty before the Department of Revenue.

Taxpayer street address 1324 Morningside Drive

City/State/ZIP Naples, FL 34103 Telephone No., incl. area code (239) 649-6333

Federal Employer Identification No. or Social Security No. 59-3667654

Sales tax certificate number (if applicable) _____

**A BETTER
BUSINESS & TAX SERVICE, INC.**

**A CCURATE
ACCOUNTING & TAX, 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