

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P000000 94963**

1. Corporation Name

Tropi Communications, Inc.

2. Principal Office Address

306 Congress St

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 3426

Suite, Apt. #, etc.

City & State

Oldsmar FL

City & State

N. Ft. Myers FL

Zip

34677

Country

USA

Zip

33917

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/6/00

5. FEI Number

59-3676694

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

800022635828
08/28/03--01054--001 **458.75

7. Name and Address of Current Registered Agent

Name

Garry L. Moore

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

306 Congress St.

Suite, Apt. #, Etc.

City

Oldsmar

State

FL

Zip Code

34677

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

Garry L. Moore
REGISTERED AGENT MUST SIGN

Date

8/26/03

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 M	Garry L. Moore	306 Congress St.	Oldsmar, FL 34677
V/S	MARY J. Costley	306 Congress St.	Oldsmar, FL 34677

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)(f), 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:

Mary J. Costley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY J. COSTLEY

8/26/03
Date

(239)

940-3355
Daytime Phone #

CR2E081 (10/02)