

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 6:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000099385

1. Corporation Name

TROPICAL TRAIL FOOD MART, INC.

Principal Place of Business

4600 KING STREET
COCOA FL 32926

Mailing Address

4600 KING STREET
COCOA FL 32926

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1310 S. Tropical Trail

3. New Mailing Office Address, If Applicable

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Merritt Island FL

City & State

Zip

32952

Country

Brevard

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/12/2001

5. FEI Number

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	LUKOSE, JOMON	4600 KING STREET 1832 Surrey Ct	COCOA FL 32926 Viera FL 32955
D	PUTHUSSEIL, BIJU M	9000 SW 68TH TERRACE	MIAMI FL 33137
D	PUTHUSSEIL, MARY	9000 SW 68TH TERRACE	MIAMI FL 33137

8. Name and Address of Current Registered Agent

LUKOSE, JOMON
4600 KING STREET
COCOA FL 32926

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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., 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CH2E040 (8/02)

Tropical Trail Food Mart, Inc.
1310 S Topical Trail
Merritt Island, Fl 32952
Ph # 321-637-0071

10/25/02

Dear Sir:


As per our conversation on phone we would like to request a waiver of penalty for reinstatement due to a non receiving original annual report. In your file there was our old address, as you can see our new address from reinstatement application. We are no longer at that place, and therefore we believe that we did not receive an annual report back in January.

Please find a check for \$150.00 for annual registration fee and reinstatement application.

If you have any question, do not hesitate to contact me.

We thank you for your cooperation.

Respectfully yours,


Jomon Lukose
President