

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 OCT 15 AM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000008541

1. Corporation Name

TROPICAL STORM, INC.

W09-43883

200161241982
10/01/09--01035--010 **308.75

IN-11111111
CR2E087 (12/08)

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

400 POI COURT

Suite, Apt. #, etc.

N/A

City & State

MERRITT ISLAND, FL.

Zip

32953

Country

USA

3. Mailing Office Address

400 POI COURT

Suite, Apt. #, etc.

N/A

City & State

MERRITT ISLAND, FL.

Zip

32953

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/18/2002

5. FEI Number

71-0896753

☐ 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

MARLENE G. MASON

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

400 POI COURT

Suite, Apt. #, Etc.

City

MERRITT ISLAND

State
FL

Zip Code
32953

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Marlene G. Mason

Date 10/08/09

REGISTERED AGENT MUST SIGN

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
Pres.	Marlene g. Mason	400 Poi Court	32953 Merritt Island, FL.
Vice-Pres.	Frank J. Mason Jr.	400 Poi Court	32953 Merritt Island, FL.

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 contained in Chapter 119, 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:

MARLENE G. MASON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/28/09

Date

(321)863-4095

Daytime Phone #

10/16/09