

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 MAY 22 PM 1:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000013115

1. Corporation Name

TROPICAL CANVAS PLUS, INC

2. Principal Office Address

3645 45TH AVE NO

3. Mailing Office Address

Suite, Apt. #, etc.

B

Suite, Apt. #, etc.

City & State

ST PETERSBURG

City & State

Zip

33714

Country

PINELLAS

Zip

Country

REINSTATEMENT 04-06  
12/20/05 01067 015 \$ 300.00  
CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

2/04/02

5. FEI Number

01-0614154

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

AUDIE HARDING

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

5210 45TH AVE NO

Suite, Apt. #, Etc.

City

ST PETERSBURG

State

FL

Zip Code

33709

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.053 or 617.0503, F.S.

Signature of  
Registered Agent

*Audie W. Harding*

REGISTERED AGENT MUST SIGN

Date 5-16-06

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
D	AUDIE HARDING	5210 45TH AVE NO	ST PETERSBURG FL 33709
	<i>08/3/20</i>		

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:

*Audie W. Harding*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-16-06

Daytime Phone #

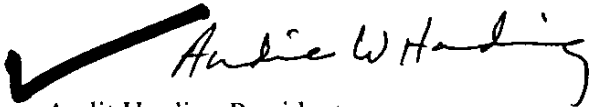
April 20, 2006

FLORIDA DEPT OF STATE

Enclosed is our Corporation Reinstatement form for 2006 and a copy of 2004 previously filed reinstatement form and our check for \$150.00 2006 annual filing fee renewal.

We are requesting waiver of the reinstatement fees since we did not receive the 2004/5 first or second notices due to address change and change in accountants.

Thank you

  
Audie Harding President