

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000031930

1. Corporation Name

TROPICAL PRINTING OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

1376 TROPIC PARK DRIVE

SANFORD, FL 32773

3321 RED FOX DR

DELTONA, FL 32725

1376 TROPIC PARK DRIVE

SANFORD, FL 32773

PO BOX 741641

ORANGE CITY, FL 32774-1641

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/18/2002

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	SCHELLENBARG, YELENA V	1075 E GAUCHO CIRCLE 3321 RED FOX DR	DELTONA FL 32725
SD	SCHELLENBARG, ROBERT F	1075 E GAUCHO CIRCLE 3321 RED FOX DR	DELTONA FL 32725

500023819995
10/15/03--01059--016 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHELLENBARG, YELENA V

1075 E GAUCHO CIRCLE 3321 RED FOX DR

DELTONA FL 32725

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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 REQUIRED

Date

REGISTERED AGENT MUST SIGN

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

YELENA SCHELLENBARG

386-837-1353

Date

Daytime Phone #

10-11-03

CR2E040 (7/03)

Tropical Printing

P.O. Box 741641

Orange City, FL 32774-1641

Phone: 407-376-1093

Fax: 386-532-3778

To Whom It May Concern,

Tropical Printing moved in May 2003. I notified the State of Florida of my new mailing address.

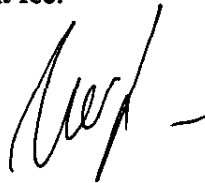
To my surprise, I received this notice that my corporation dissolved. I have not received any other information from the State of Florida.

I am asking that you please waive any reinstatement fees due to the fact that I have not received any other statement or information regarding this matter.

I am attaching this form and a check for \$150.00

To my understanding, this is the amount that should have been paid without a reinstatement fee.

Sincerely,



Yelena Schellenburg
President