

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

11/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

1000-2007 ED

07 NOV -2 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000018338

1. Corporation Name

TROPICAL WATERPROOFING, INC

REINSTATEMENT 06-07

000111647610

11/02/07--01048--004 **150.00

800111647558

11/02/07--01048--003 **150.00

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

3169 TROPICAL TERRACE

Suite, Apt. #, etc.

3. Mailing Office Address

3169 TROPICAL TERRACE

Suite, Apt. #, etc.

City & State

LANTANA, FL

City & State

LANTANA, FL

Zip

33462

Country

Zip

33462

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/1/04

5. FEI Number

20-0671507

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

SHOOK, JAMES

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

3169 TROPICAL TERRACE

Suite, Apt. #, Etc.

City

LANTANA

State

FL

Zip Code

33462



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

James Shook

REGISTERED AGENT MUST SIGN

Date 10-29-07

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	SHOOK, JAMES	3169 TROPICAL TERRACE	LANTANA, FL 33462

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:

James Shook

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-07

Date

Daytime Phone #

2/2

James J. Donovan, C.P.A., P.A.
3046 S. Congress Avenue
Lake Worth, FL 33461
Phone (561) 641-9550 Fax (561) 641-4781

October 29, 2007

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Tropical Waterproofing, Inc.
Document # P0400018338

Dear Sir or Madame,

Please be advised of the following facts and circumstances regarding the late filing of this return.

- 1. The taxpayer did not receive the annual report and had no knowledge that an annual report was required.**
- 2. Therefore, we believe reasonable cause exists for you waiving the assessed penalty.**
- 3. If you have any questions on the above, please feel free to contact our office.**

Thank you for your cooperation.

Sincerely,


James J. Donovan, C.P.A.

Under penalties of perjury, I declare that I have examined this statement and to the best of my knowledge and belief, it is true, correct, and complete.