

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P04 0000 75766**

**1. Corporation Name**

**Jodi's Tropical Enterprises Inc.**

**2. Principal Office Address**

**1911 74 ST NW**

Suite, Apt. #, etc.

City & State

**BRADENTON, FL.**

Zip

**34209**

Country

**USA**

**3. Mailing Office Address**

**1911 74 ST NW**

Suite, Apt. #, etc.

City & State

**BRADENTON, FL.**

Zip

**34209**

Country

**USA**

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

**5/6/04**

**5. FEI Number**

**20-1083484**

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

☒ 875 Additional Fee required  
for a Certificate of Status

FILED

06 MAR -6 AM 8:40

RECEIVED STATE  
TALLAHASSEE, FLORIDA

400067945294

03/16/06--01006--018 \*\*300.00

REINSTATEMENT 05-06

CR2E081 (8/05)

**7. Name and Address of Current Registered Agent**

Name

**Jodi S. Meredith**

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

**1911 74 ST NW**

Suite, Apt. #, Etc.

City

**BRADENTON**

State  
**FL**

Zip Code

**34209**

**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

**Jodi S. Meredith**  
REGISTERED AGENT MUST SIGN

Date

**1/23/06**

**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
PRES.	Jodi Meredith	1911 74 ST NW	BRADENTON, FL. 34209
VIC PRES	Greg Meredith	1911 74 ST NW	BRADENTON, FL. 34209

**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 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:**

**Jodi S. Meredith**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/23/06**  
Date

**941-794-5287**  
Daytime Phone #

Date: January 23, 2006

To: Florida Department of State  
Secretary of State  
Division of Corporations


From: Jodi's Tropical Enterprises, Inc. - Document# P04000075766  
Greg Meradith  
Vice-President

I was informed by my tax accountant that my corporation license was expired. I have never received a renewal notice from your department. I was not aware that the corporation license was expired and would not have known if my accountant hadn't notified me.

Enclosed is the renewal notice with my renewal fee of \$150 plus the \$8.75 for the certificate of status.

Thank you for your prompt response.

Respectfully,

A handwritten signature in black ink, appearing to read "Greg Meradith", with a long horizontal flourish extending to the right.

Greg Meradith, Vice-President of Jodi's Tropical Enterprises, Inc.