

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000038184

1. Corporation Name

TROPICAL RESTAURANT, INC

W09-37868

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

2680 S RIO GRANDE AVE

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32805

Country

USA

3. Mailing Office Address

2829 TELSTAR AVE

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32805

Country

USA

7. Name and Address of Current Registered Agent

Name

YVES ALTIDOR

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

1510 W MICHIGAN ST

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32805

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

REGISTERED AGENT MUST SIGN

Date 08/17/2009

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	SILVETTA AUGUSTE	2829 TELSTAR AVE	ORLANDO, FL 32805

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/17/2009

Date

Daytime Phone #

FILED

09 SEP -3 PM 4:01

SLIP
TALCATE 1965
STATE
FEB 1968

600159778246
09/03/09--01031--004 **300.00

600159778246
08/20/09--01044--011 **750.00

REINSTATEMENT CR2E0871 (2/88)

07-05

4. Date Incorporated or Qualified
To Do Business in Florida 03/16/2006

5. FEI Number
NONE

Applied For
☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☐ 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.

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