PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. APPLICATION & FLORIDA DEPARTMENT OF STATE FILED Sandra B. Mortham Secretary of State 97 FEB -6 AM 8: 52 REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT #P93000051050 SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name TROPICAL LEASING, INC Principal Place of Business 11 Laheshere Dr. P.O. Box 83-2055 REINSTATE DELRAY Bch, FL Key Largo, FL 33037 If above addresses are incorrect in any way, line through incorrect information and enter correction belo DO NOT WRITE IN THIS SPACE 2. New Principal Office Address, If Applicable Date Incorporated or Qualified
 To Do Business in Florida 3. New Mailing Address, If Applicable // LAKEShore DR. Suite, Apt. #, etc. 7-21-93 Suite, Apt. #, etc. 5. FEI Number Applied For City & State 59-3198725 Not Applicable EY LARGO \$8.75 Additional Fee required for a Certificate of Status Country CERTIFICATE OF STATUS DESIRED MONROE 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) Officer and/or Director
(Do NOT Use Post Office Box Numbers) City / State / Zip GEORGE COLLIER 11 LaKEShore KEY LARGO F۷. 300002084243 -02/11/97--01158--007 \*\*\*1088.75 \*\*\*1088.75 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name GEORGE COLLIER Street Address (P.O. Box Number is Not Acceptable) 11 Lake shore 125 Suite, Apt. #, Etc. KEY LARGO FL 33037 City Zip Code State 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. Signature of Registered Agent Date 12-30-96 REGISTERED AGENT MUST SIGN Does this corporation pay any intangible tax to the (See other side for information Dept. of Revenue under S. 199.032, Florida Statutes. Yes X No 🔲 on intangible tax.) 12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under each 12-80-96 266-9120 SIGNATURE: ' GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR