

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 11 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000069820

1. Corporation Name

TROPICAL FAVORITES, INC.

2. Principal Office Address

1000 SOUTHERN BLVD.

3. Mailing Office Address

1000 SOUTHERN BLVD.

Suite, Apt. #, etc.

SUITE 300

Suite, Apt. #, etc.

SUITE 300

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

Zip

33405

Country

USA

Zip

33405

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/1993

5. FEI Number

65-0457247

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

MCCRACKEN, JOHN B.

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

505 S. FLAGLER DRIVE

Suite, Apt. #, Etc.

SUITE 1100

City

WEST PALM BEACH

State

FL

Zip Code

33401

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

3/3/03

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	TOMEU, ENRIQUE A.	1000 SOUTHERN BLVD. SUITE #300	WEST PALM BEACH, FL 33405
VP	PHILLIPS JR., W.T.	6621 WILBANKS ROAD	KNOXVILLE, TN 37912
ST	MCCULLEY, LESA P.	6621 WILBANKS ROAD	KNOXVILLE, TN 37912
D	TOMEU, ENRIQUE A.	1000 SOUTHERN BLVD. SUITE #300	WEST PALM BEACH, FL 33405
D	PHILLIPS JR., W.T.	6621 WILBANKS ROAD	KNOXVILLE, TN 37912
D	MCCULLEY, LESA P.	6621 WILBANKS ROAD	KNOXVILLE, TN 37912

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:

W.T. Phillips, Jr.

W.T. PHILLIPS, JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-26-03

865-688-8342

Daytime Phone #

CR2E081 (10/02)