FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

97 MAR 18 PM 2:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000012800

1. Corporation Name
TROPIC TREND PAINTING CO.

Principal Place of Business
PALM BEACH COUNTY

Mailing Address
1752 Costa del Sol
Boca Raton, Fl 33432

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

96-97 AR

REINSTATEMENT
DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

3. New Mailing Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

4. Date Incorporated / Qualified To Do Business in Florida: 2/14/94

5. FEI Number: 65-0465477 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 officers)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Number)	4. City / State / Zip
PRES	Edward Hand	2483 NW 25th ST	Boca Raton, Fl 33431
SEC	KAREN HAND	2483 NW 25th ST	Boca Raton, Fl 33431

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-03/18/97--01040--015
****915.00 ****915.00

8. Name and Address of Current Registered Agent
Edward Hand
2483 NW 25th ST
Boca Raton, Fl 33431

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City / State: FL / Zip Code

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: Edward Hand — REGISTERED AGENT MUST SIGN — Date: 3/14/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☑ No ☐ (See other side for information 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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 oath.

SIGNATURE: KAREN HAND — Karen Hand — 3/14/97 — 561-488-0427
SIGNATURE(S) MUST BE IN ABOVE NAME OF ELECTED OFFICER OR DIRECTOR — Date — Daytime Phone

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