

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000028157

1. Corporation Name

TROPICANA RESORT MOTELS, INC.

Principal Place of Business

Mailing Address

~~350 HAMDEN DR.~~
CLEARWATER FL 33767

~~350 HAMDEN DR.~~
CLEARWATER BEACH FL 34630

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

2. New Principal Office Address, If Applicable

~~445 S. GULFVIEW BLVD~~

3. New Mailing Office Address, If Applicable

~~445 S. GULFVIEW BLVD~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

~~CLEARWATER BEACH~~

City & State

~~CLEARWATER BEACH~~

Zip
33767

Country
USA

Zip
33767

Country
USA

FILED
03 NOV -4 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

04/13/1994

5. FEI Number

59-3237972

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CONTI, JOHN	350 HAMDEN DR.	CLEARWATER BEACH FL 33767
D	CONTI, IVA	350 HAMDEN DR.	CLEARWATER BEACH FL 33767

500024394175
11/04/03--01012--002 **150.00

8. Name and Address of Current Registered Agent

~~CONTI, JOHN~~
~~350 HAMDEN DR.~~
~~CLEARWATER BEACH FL 33767~~

9. Name and Address of New Registered Agent

Name

JOHN CONTI

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

445 S. GULFVIEW BLVD

Suite, Apt. #, Etc.

City

CLEARWATER BEACH

State

FL

Zip Code

33767

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-27-03

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-27-03 (727) 441-4902

CR2E040 (7/03)

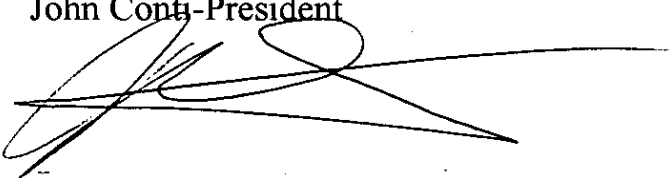
**Tropicana Resort Motels Inc.
445 S. Gulfview Blvd.,
Clearwater Beach, FL. 33767**

October 27th, 2003

To Whom It May Concern:

We have never received the first two notices of the corporation renewal. Please reinstate the corporation, Tropicana Resort Motels Inc. Enclosed with this letter you will find payment and application. Thank you for your attention to this matter,
Sincerely,

John Conti-President

A handwritten signature in black ink, appearing to be 'John Conti', with a long horizontal line extending to the right.