

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 97-98
REINSTATEMENT



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

APPROVED
FILED

98 JAN 12 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000039051

1. Corporation Name

TORTOLA, INC.

Principal Place of Business

Mailing Address

1892 DEL ROBLES DRIVE
CLEARWATER FL 34624

1892 DEL ROBLES DRIVE
CLEARWATER FL 34624

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/24/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

98-0140459

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	ISSAI, VALERI	3 TROSTYANETSKAYA ST., APT. 561	KIEV, UKRAINE
PTD	KIRILJUK, VICTOR	14/1 RUSANOVSKAYA NAB., APT. 11	KIEV, UKRAINE
SD	STETSENKO, SERGEI	1892 DEL ROBLES DRIVE	CLEARWATER FL 34624
			300002398703--2
			-01/13/98--01067--009
			***300.00 ***300.00
			REINSTATEMENT 97-98
			G. d. d. n.

8. Name and Address of Current Registered Agent

STETSENKO, SERGEI
1892 DEL ROBLES DRIVE
CLEARWATER FL 34624

9. Name and Address of New Registered Agent 1/12/98

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 X

REGISTERED AGENT MUST SIGN

Date 12/24/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/97)