

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(1)

APPLICATION FOR  FLORIDA DEPARTMENT OF STATE
 Sande E. Northington
 Secretary of State
 DIVISION OF CORPORATION

FILED

97 FEB -6 AM 10:38

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P95000019181

1. Corporation Name

TAMPA Bay Tropicals, Inc

Principal Place of Business

Mailing Address

1320 24th Street NE
 Ruskin, Florida 33570

Same

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

3/20/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-331-1003

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)

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 Numbers)	4 City / State / Zip
P/C	Jonne L. Berning	1320 24 th St NE, Ruskin FL 33570	Ruskin, FL 33570
T/S	Christina A. Berning	1320 24 th St. NE	Ruskin, FL 33570

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Jonne L. Berning
 1320 24th St. NE
 Ruskin, FL 33570

Name

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

800002081848--2

Suite, Apt. #, Etc.

-02/07/97--01094--003

City

***390.00

***390.00

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

Jonne L. Berning

REGISTERED AGENT MUST SIGN

Date 2-3-97

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 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:

Jonne L. Berning

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

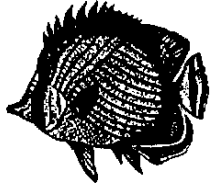
2/1/97

Date

813-645-0656

Daytime Phone #

CR2E040 (12/96)



(2)

Tampa Bay Tropicals, Inc.

February 2, 1997

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir,

I have not received any paper work from your office for 1-1/2 years to maintain my corporation status. I have recently found out that you have been mailing my corporation material to my old address in California.

I have been informed by your office that I need to fill out the enclosed "APPLICATION FOR REINSTATEMENT" forms to reinstate my corporation. I was also told that the fees would be:

1996 -\$225.00

1997 -\$165.00

Total \$390.00 to reinstate the corporation.

Enclosed please find the attached form and a check for \$390.00 as instructed.

If you have any questions I can be reached at corporate office address:

Tampa Bay Tropicals, Inc.
1320 24th Street NE
Ruskin, Florida 33570
813-645-0656

Best Regards,

Jonne L. Berning

Jonne L. Berning