PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
96 NOV 15 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000059543**

1. Corporation Name

TROPICAL TIKI HUTS, INC.

Principal Place of Business	Mailing Address
MAGNOLIA TRACE NW P O BOX 2037 LABELLE FL 33935	MAGNOLIA TRACE NW P O BOX 2037 LABELLE FL 33935

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

REINSTATEMENT 1996 MWB 11-20-96

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business In Florida: 07/31/1995

5. FEI Number: 65-0597905 ☐ 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 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	TOWNSEND, KELVIN A	MAGNOLIA TRACE NW	LABELLE FL 33935
D	TOWNSEND, MARY L	MAGNOLIA TRACE NW	LABELLE FL 33935

200002010772--6
-11/21/96--01023--007
****375.00 ****375.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
TOWNSEND, KELVIN A MAGNOLIA TRACE NW P O BOX 2037 LABELLE FL 33935	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/95)

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 SIGNATURE REQUIRED Date 10/23/96
REGISTERED AGENT MUST SIGN

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: Mary L Townsend SIGNATURE REQUIRED Mary L. Townsend 10-25-96 941-675-5898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AP