

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P95000059543**

1. Corporation Name

TROPICAL TIKI HUTS, INC.

Principal Place of Business

Mailing Address

MAGNOLIA TRACE NW
P O BOX 2037
LABELLE FL 33035

MAGNOLIA TRACE NW
P O BOX 2037
LABELLE FL 33035

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

07/31/1985

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	TOWNSEND, KELVIN A	MAGNOLIA TRACE NW	LABELLE FL 33035
D	TOWNSEND, MARY L	MAGNOLIA TRACE NW	LABELLE FL 33035
			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 33035

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 for the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

(Signature)
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/23/96

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-25-96
Date

941-675-5898
Daytime Phone #

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



REINSTATEMENT 1996
MWB 11-20-96

CR2500 (7/95)