

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

97 JAN -2 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000064543

1. Corporation Name

TROPICAL ACCENTS, INC.

Principal Place of Business

Mailing Address

~~4206 #9 ENTERPRISE AVE~~
~~NAPLES FL 33942~~

~~4206 #9 ENTERPRISE AVE~~
~~NAPLES FL 33942~~

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

2. New Principal Office Address, If Applicable

3400-C Westview Dr.

Suite, Apt. #, etc.
Naples, FL. 34104

City & State

Naples, FL.

Zip

34104

Country

Collier

3. New Mailing Office Address, If Applicable

3400-C Westview Dr.

Suite, Apt. #, etc.
Naples, FL. 34104

City & State

Naples, FL.

Zip

34104

Country

Collier

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

08/18/1995

5. FEI Number

☒ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/S/D	David L. Ashenbrener	5213 30th Ave. S.W.	Naples, FL 34116
T/V/C	Cheryl M. Ashenbrener	5213 30th Ave. S.W.	Naples, FL. 34116

200002051452--5
-01/08/97--01116--029
****375.00 ****375.00

12-27-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ASHENBRENER, DAVID L NEW:

~~4206 #9 ENTERPRISE AVE~~
~~NAPLES FL 33942~~

3400-C WESTVIEW DR.
NAPLES, FL 34104

3400-C Westview Dr.

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, the undersigned, do hereby certify that I am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

12-27-96

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:

[Signature]
REGISTERED AGENT MUST SIGN

12-27-96

0125040 (7/95)

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Form **SS-4**

(Rev. December 1995)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

▶ Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.) TROPICAL ACCENTS, INC.	
2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
4a Mailing address (street address) (room, apt., or suite no.) 3400-C WESTVIEW DR.	5a Business address (if different from address on lines 4a and 4b)
4b City, state, and ZIP code NAPLES, FL. 34104	5b City, state, and ZIP code
6 County and state where principal business is located COLLIER	
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ▶ DAVID L. ASHENBRENER 392-60-3327	

8a Type of entity (Check only one box.) (See instructions.)		<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator-SSN _____ <input checked="" type="checkbox"/> Other corporation (specify) ▶ Interior decorating <input type="checkbox"/> Trust _____ <input type="checkbox"/> Federal Government/military _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ (enter GEN if applicable) <input type="checkbox"/> Other (specify) ▶ _____	
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> REMIC _____ <input type="checkbox"/> State/local government _____ <input type="checkbox"/> Other nonproftit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____	<input type="checkbox"/> Personal service corp. _____ <input type="checkbox"/> Limited liability co. _____ <input type="checkbox"/> National Guard _____	<input type="checkbox"/> Farmers' cooperative _____ <input type="checkbox"/> Church or church-controlled organization _____	

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State FLORIDA	Foreign country
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9 Reason for applying (Check only one box.)		<input type="checkbox"/> Banking purpose (specify) ▶ _____ <input checked="" type="checkbox"/> Changed type of organization (specify) ▶ SOLE PROP. TO INC. <input type="checkbox"/> Purchased going business _____ <input type="checkbox"/> Created a trust (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____	
<input type="checkbox"/> Started new business (specify) ▶ _____ <input type="checkbox"/> Hired employees _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____			

10 Date business started or acquired (Mo., day, year) (See instructions.) JANUARY 1, 1997	11 Closing month of accounting year (See instructions.) DECEMBER 31,
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12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ JANUARY 1, 1997
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13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.) ▶	Nonagricultural 4	Agricultural	Household
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14 Principal activity (See instructions.) ▶ INTERIOR DECORATING, MFG. OF WINDOW TREATMENTS & DECOR

15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ▶ FABRIC, EPS FOAM	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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16 To whom are most of the products or services sold? Please check the appropriate box.	<input type="checkbox"/> Business (wholesale)	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶ _____		

17a Has the applicant ever applied for an identification number for this or any other business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ▶ TROPICAL TREATMENTS Trade name ▶ _____

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (Mo., day, year) City and state where filed Previous EIN MAY 1994 NAPLES, FL 65 0508566

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.	Business telephone number (include area code) (941) 643-2934
	Fax telephone number (include area code) (941) 643-2934
	Name and title (Please type or print clearly.) ▶ DAVID L. ASHENBRENER PRES

Signature ▶ 	Date ▶ 12/27/96
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Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
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