

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 # **P96000028585**

1. Corporation Name

BAHAMAS TRADING POST, INC.

Principal Place of Business

**1800 KENNEDY CAUSEWAY
SUITE 705
N BAY VILLAGE FL 33141**

Mailing Address

**1800 KENNEDY CAUSEWAY
SUITE 705
N BAY VILLAGE FL 33141**

If above addresses are incorrect in any way, file through incorrect information and enter correction below:

2. New Principal Office Address, If Applicable

**1440 Kennedy Causeway
Suite, Apt. #, etc.
Suite 300
City & State**

3. New Mailing Office Address, If Applicable

**1440 Kennedy Causeway
Suite, Apt. #, etc.
Suite 300
City & State**

Zip

Country

Zip

Country

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	FRANK, ROBERT R	1800 KENNEDY CSWY., SUITE 705 1440 Kennedy Cswy, Ste. 300	N BAY VILLAGE FL 33141

0000028585123--3
-05/25/99--01023--012
*****1050.00 ***1050.00**

8. Name and Address of Current Registered Agent

**FRANK, ROBERT R
1800 KENNEDY CAUSEWAY-
SUITE 705
N BAY VILLAGE FL 33141**

9. Name and Address of New Registered Agent

Name

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

1440 Kennedy Causeway

Suite, Apt. #, Etc.

Suite 300

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

Robert R. Frank
Robert R. Frank REGISTERED AGENT MUST SIGN

Date **5/3/99**

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

Robert R. Frank
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert R. Frank, Director

5/3/99

305-868-4711

CR2E040 (8-97)