

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

102

APPLICATION
FOR
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 30 PM 12: 32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000031144

1. Corporation Name

TROPIC PRINCESS BAREBOAT CHARTERS, INC.

Principal Place of Business

HAWKS CAY & MARINA, MILE MARKER 61
DUCK KEY FL 33050

Mailing Address

C/O STEVE KLEIN
4609 KELLOGG AVE
CINCINNATI OH 45226
US

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

2. New Principal Office Address, If Applicable

5175 Rollman Estate

Suite, Apt. #, etc.

CINCINNATI OH

City & State NAME

STEVE KLEIN

Zip

45236

Country

U.S.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/27/1996

5. FEI Number

58-2246209

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	KLEIN, STEVEN J	4609 KELLOGG AVE 5175 Rollman Estate	CINCINNATI OH 45226 45236

100003468531--2

-11/17/00--01044--002

****150.00 ****150.00

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

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 of 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 10-22-00

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

10-22-00

Date

Daytime Phone #

(513) 284-0066

KE

CR2E040 (8/00)

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To Whom It May Concern: I just received through forwarded mail this notice about canceling my corporation. We moved, I have be only getting some of our mail and the rest has bin going in some big black hole. So I want to apologize for being late on this, I have submitted a check for the normal fee.

Sincerely: Steve Klein

A handwritten signature in black ink, appearing to read 'SK', with a small 'n' at the end.

My new address: 5175 Rollman Estates
Cincinnati, Ohio 45236