

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

**FILED**

01 FEB 19 PM 2:09

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # 796000084861

1. Corporation Name

TROPPELLO ENTERPRISES

2. Principal Office Address

3131 SW 22 CT

Suite, Apt. #, etc.

3. Mailing Office Address

← SAME 3131 SW 22 CT

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE FLA

Zip

33312

Country

BROWARD

City & State

FT. LAUDERDALE FL

Zip

33312

Country

BROWARD

4. Date Incorporated or Qualified  
To Do Business in Florida

1/14/97

5. FEI Number

650703925

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

FRANK A. TROPPELLO JR.

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

3131 SW 22 CT

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State

FL

Zip Code

33312

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Frank A. Troppello Jr.

REGISTERED AGENT MUST SIGN

Date 2/12/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>PRESIDENT</u>	<u>FRANK, A. TROPPELLO JR.</u>	<u>3131 SW 22 CT</u>	<u>FT. LAUDERDALE FL. 33312</u>

**REINSTATEMENT**

10. 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:

Frank A. Troppello Jr. FRANK A TROPPELLO JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/12/01

Daytime Phone #

954 682 5564

CR2E081 (9/99)