

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 NOV 17 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000087935**

1. Corporation Name

TROPICAL STORM SHIELD, INC.

2. Principal Office Address

1748 INDEPENDENCE BLVD

Suite, Apt. #, etc.

F-5

City & State

SARASOTA, FL

Zip

34234

Country

SARASOTA

3. Mailing Office Address

1748 INDEPENDENCE BLVD

Suite, Apt. #, etc.

F-5

City & State

SARASOTA, FL

Zip

34234

Country

SARASOTA

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/24/96

5. FEI Number

65-0709024

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

STEVEN Johnson

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

4435 WORCESTER RD

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34231

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

STEVEN Johnson

REGISTERED AGENT MUST SIGN

Date

11/16/04

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
PRES.	STEVEN Johnson	4435 WORCESTER RD	SARASOTA, FL 34231
VICE PRES.	KATHLEEN Johnson	4435 WORCESTER RD	SARASOTA, FL 34231

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN Johnson

Date

11/16/04

Daytime Phone #

(941) 355-5611

CR2E081 (01/04)