

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P97000038542

1. Corporation Name

TROPICAL DIESEL ELECTRIC CORP.

Principal Place of Business

2460 NW 17TH LANE, #6
POMPANO BEACH FL 33064

Mailing Address

2460 NW 17TH LANE, #6
POMPANO BEACH FL 33064

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

1929 W COPAUS ROAD

POMPANO BEACH FL

Zip
33069

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

1929 W. Copaus

Pompau Beach FL

Zip

33069

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/28/1997

5. FEI Number

65-0765096

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
V	DIPIETRO, RAYMOND	2460 NW 17TH LANE, #6	POMPANO BEACH FL 33064

8. Name and Address of Current Registered Agent

DIPIETRO, RAYMOND L
2460 NW 17TH LANE, #6
POMPANO BEACH FL 33064

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 REQUIRED

Date

REGISTERED AGENT MUST SIGN

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/17/01

954-974-1386

232

Tropical Diesel Electric Corp.
1929 West Copans
Pompano Beach, Fl. 33064
Tel: 9540974-1386

Date 10 / 17 / 2001

I have just received this in the mail and have called for info. This is the first time, to the best of my knowledge that we received this. I think its because the address is wrong. Please see if you can wave reinstatement fee.

Sincerely,
Ray DiPietro

