

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



DEPARTMENT OF STATE

B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 NOV 19 AM 7:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000057595

1. Corporation Name

TROPICAL FREEZE ICE CREAM COMPANY OF FLORIDA, I
NC.

Principal Place of Business

Mailing Address

1110 PLACETAS AVENUE
CORAL GABLES FL 33146

1110 PLACETAS AVENUE
CORAL GABLES FL 33146

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. *Same*

Suite, Apt. #, etc. *Same*

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/01/1997

5. FEI Number

☒ 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	WADDELL, RICHARD	1110 PLACETAS AVENUE	CORAL GABLES FL 33146

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HARTLEY, TIM
VALLE & CRAIG, P.A.
80 SW 8TH STREET SUITE 2520
MIAMI FL 33130

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. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

To whom it may concern 11/17/98

I just spoke with someone in your office and explained to him that I never received the papers so I could not respond and re-start my corporation.

"Tropical Freeze Ice Cream Company of Florida Inc."

He told me to send in a check for \$150- with this letter of explanation.

I am enclosing a cashier's check (money order) for the above amount.

Thank you very much for your help -

Richard Waddell
President

Tropical Freeze Ice Cream Co. of Florida