

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000098790

99 FEB 19 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

TROPICAL BREEZE RESTAURANT AND NIGHTCLUB INC.

Principal Place of Business

200 SOUTH FRENCH AVENUE
SANFORD FL 32771

Mailing Address

200 SOUTH FRENCH AVENUE
SANFORD FL 32771



If above addresses are incorrect in any way, line through incorrect information and enter correct on below

2. New Principal Office Address, If Applicable

801 N John Young Parkway
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Same as (2)
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

11/17/1997

5. FEI Number

59-3480692

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	PIERRE, GERALD P	200 SOUTH FRENCH AVENUE 200 S French Ave	SANFORD FL 32771 SANFORD, FL 32771

400002787694--1
-02/25/99--01084--013
****900.00 ****900.00

8. Name and Address of Current Registered Agent

PIERRE, GERALD P
200 SOUTH FRENCH AVENUE
SANFORD FL 32771

9. Name and Address of New Registered Agent

Name GERALD P. PIERRE, MD
Street Address (P.O. Box Number is Not Acceptable)
801 N John Young Parkway
Suite, Apt. #, Etc.
City ORLANDO
State FL Zip Code 32804

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]
REGISTERED AGENT MUST SIGN

Date 2/15/99

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERALD P. PIERRE, MD
2/15/99 (407) 7189038