

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
~~REINSTATEMENT~~



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

APPROVED
AND
FILED

DOCUMENT # P97000099636

1. Corporation Name

TROPICAL TORQUE CONVERTERS, INC.

99 DEC -9 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5835 RAVENSWOOD RD
FT. LAUDERDALE FL 33312
US

Mailing Address

~~1002 SW BEND WAY~~
5835 Ravenswood Rd.
FT LAUDERDALE FL 33312



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

4. Date Incorporated or Qualified
To Do Business in Florida

11/20/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~Ft. Lauderdale FL.~~

~~Check 2.~~

City & State

City & State

33312

U.S.A.

Zip

Country

Zip

Country

5. FEI Number 65-0826445

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PVST	MARTIN, FRANK	1002 SW BEND WAY 5835 Ravenswood Rd	FT LAUDERDALE FL 33312
D	MARTIN, FRANK	1002 SW BEND WAY 5835 Ravenswood Rd	FT LAUDERDALE FL 33312

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARTIN, FRANK

~~1002 SW BEND WAY~~ 5835 Ravenswood Rd
~~FT LAUDERDALE FL 33312~~
Ft. Lauderdale FL 33312

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 807.0505, F.S.

Signature of
Registered Agent

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 807.0401 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

11-26-99

Date

954-983-3342

Daytime Phone #

CR2040 (8/99)