

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT -5 AM 5:10

DOCUMENT # P97000104122

**1. Corporation Name**

Tropical Towers of Cape Coral, Inc.

**2. Principal Office Address**

9790 Mainsail Court

Suite, Apt. #, etc.

City & State

Cape Coral, Florida

Zip Country

33904 USA

**3. Mailing Office Address**

1105 Cape Coral Parkway

Suite, Apt. #, etc.

Suite C

City & State

Cape Coral, Florida

Zip Country

33904 USA

**REINSTATEMENT**

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

**5. FEI Number**

65-0828820

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

Thomas W. Hill

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

1318 Lafayette Street

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33904

**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

*Thomas W. Hill*

REGISTERED AGENT MUST SIGN

Date 10/3/01

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip        |
|--------|--------------------------------------|---|---------------------------|
| DPST   | Pfaff, Bert Joachim                  | Buntenorstenweg 217                               | D-28201 Bremen, GERMANY   |
| S      | Thomas Hill                          | 1318 Lafayette Street                             | Cape Coral, Florida 33904 |
|        |                                      |   |                           |
|        |                                      |   |                           |
|        |                                      |   |                           |
|        |                                      |   |                           |

AD

**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:

*Thomas W. Hill*

Thomas Hill, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/2/01

Date

(941) 549-2444

Daytime Phone #