

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

102

FLORIDA DEPARTMENT OF STATE
Division of Corporations
REINSTATEMENT

DOCUMENT # **P98000060217**

1. Corporation Name

TROPICAL DREAMS ENTERPRISES, INC.

Principal Place of Business

1409 WHITE STREET
KEY WEST FL 33040

Mailing Address

1409 WHITE STREET
KEY WEST FL 33040

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

2. New Principal Office Address, If Applicable

3209 Harriet Ave
Suite, Apt. #, etc.
3209 Harriet Ave

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
3209 Harriet Ave

City & State

Key West FL
Zip 33040 Country US

City & State

Key West FL
Zip 33040 Country US

4. Date Incorporated or Qualified To Do Business in Florida

07/08/1998

5. FEI Number

65-0850582

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
PTD	DEELEY, MICHAEL J	1409 WHITE STREET	KEY WEST FL 33040
CEOD	SOUTHGATE, BRETT	1409 WHITE STREET	KEY WEST FL 33040
CFO	DEELEY, KEISTEN	1409 WHITE STREET	KEY WEST FL 33040
S	SOUTHGATE, BRETT	1409 WHITE STREET	KEY WEST FL 33040
T	DEELEY, MICHAEL J	1409 WHITE STREET	KEY WEST FL 33040
<p>100003447981--5 -11/02/00--01007--006 ****150.00 ****150.00</p>			

8. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

~~Kostick & Co.~~
750 Alameda Street
Suite 202
Plantation FL 33317

9. Name and Address of New Registered Agent

Name ~~Kostick & Company~~
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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.

KE

SIGNATURE:

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

Date

Daytime Phone #

10/17/00 305 3049022

CR2E040 (6/00)

202

To whom it may concern,

We here at Tropical Dreams have no record of ever receiving the original Corporate report. Therefore we did not file. It was not the desired outcome we wished for. We absolutely want to keep our corporation intact.

I Micheal J. Deeley, president of the corporation do all of the paperwork and apologize for any inconvenience. If you could please reinstate us, and send us any other forms to fill out, it would be greatly appreciated. I do hope we would not be fined, because we are a small business trying to make it. I have enclosed a check for the original filing. Please contact us for any further actions needed to take place.

Thank you for
your time

M/J Deeley
president
Tropical Dreams
(305) 296-6950
(305) 304-9022