

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

DOCUMENT # P98000068698

1. Corporation Name

Tropic Products International, Inc.

2. Principal Office Address

6200 Metro Plex Dr.

3. Mailing Office Address

6200 Metro Plex Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Myers, FL

City & State

Fort Myers, FL

Zip

33912

Country

USA

Zip

33912

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

08/06/98

SP

5. FEI Number

65-0854952

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

Mary V. Snell

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

1833 Hendry Street

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33901

500003523705

01/04/01-01094-009

****758.75 ****758.75

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

Mary V. Snell
 REGISTERED AGENT MUST SIGN

Date 10-23-2000

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	James J. Flesher	3425 SE 10th Ave.	Cape Coral, FL 33904
VCD	Reginald H. Snell	3321 McGregor Blvd.	Fort Myers, FL 33901
ST	T. A. Flesher	3425 SE 10th Avenue	Cape Coral, FL 33904

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-00

941-939-330

Date

Daytime Phone #