

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Walter H. Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAY -2 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000002295**

1. Corporation Name

R.D. TROPICS, INC.

Principal Place of Business

12523 TANGERINE BLVD.
WEST PALM BEACH FL 33412

Mailing Address

12523 TANGERINE BLVD.
WEST PALM BEACH FL 33412

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

2. New Principal Office Address, If Applicable

5626 SE ORANGE ST
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

5626 SE ORANGE ST
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

01/07/1999

5. FEI Number

65-0885478

☒ Applied For

☐ Not Applicable

City & State

STUART FL

City & State

STUART FL

Zip

34997

Country

USA

Zip

34997

Country

USA

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
1	2	3	4
Pres	DEKEYSER, RICHARD T	5626 SE ORANGE ST	STUART FL 34997
V	Charles J. ANCONA	268 RILSEY PARK CIRCLE	PAIM BEACH GARDENS, FL 33410

100004274801--1

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******300.00 ****300.00**

8. Name and Address of Current Registered Agent

DEKEYSER, RICHARD T
12523 TANGERINE BLVD.
WEST PALM BEACH FL 33412

9. Name and Address of New Registered Agent

Name

DEKEYSER RICHARD T.

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

5626 SE ORANGE ST.

Suite, Apt. #, Etc.

City

STUART

State

FL

Zip Code

34997

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

Richard T. DeKeyser
REGISTERED AGENT MUST SIGN

Date **4/26/01**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD T. DeKeyser

4/26/01 (561) 288-6798
(561) 260-5359
Date Daytime Phone #

CR2ED040 (5/00)