

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 24 PM 6:21

DOCUMENT # P99000083105

1. Corporation Name

TROPIC KIDS, INC.

Principal Place of Business

Mailing Address

389 MANDALAY AVE
CLEARWATER FL 33767

389 MANDALAY AVE
CLEARWATER FL 33767

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

10/01/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3599537

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PVTD	SPECIALE, SUSAN G	13836 OAK FOREST BLVD S.	SEMINOLE FL 33776

600004678836--4
-11/14/01--01066--005
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPECIALE, SUSAN
13836 OAK FOREST BLVD SOUTH
SEMINOLE FL 33776

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 607.0505, F.S.

Signature of
Registered Agent

Susan A. Speciale
REGISTERED AGENT MUST SIGN

Date

10-17-01

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

Date

Daytime Phone #

Susan A. Speciale
10-17-01

(727) 447-8484

10-17-01

TO: DIVISION OF CORPORATIONS

FROM: TROPIC KIDS, INC.
389 - Mandalay Ave.
Clearwater Beach, Florida 33767

I have two corporations (1) Tropic Zone of Pinellas County, Inc.
(2) Tropic Kids, Inc.

I received and paid the 2001 uniform business report filing for Tropic Zone before the May 1 deadline and at that time I called to inform you that I had never received a copy for Tropic Kids. I was told that one would be sent. I never received it. Today I received a "Notice of Administrative Dissolution or Revocation" form.

I just called your (850) 245-6059 number and spoke with "Leslie" and explained this to her. She said that her computer showed that the copy for "Tropic Kids" had been returned back to you by the post office and marked undeliverable. The address for Tropic Kids has never changed and should never have been returned to you.

I am enclosing a check for \$150 per conversation with Leslie.

If there are any questions, please call or fax Tropic Kids (727)447-8484
(727)394-8519 fax

Thank you,
Susie Speciale - Owner



Tropic Kids
389 - Mandalay Ave.
Clearwater Beach, Florida 33767